

BYSTANDER INTERVENTION IN INTIMATE PARTNER VIOLENCE BETWEEN
SAME-SEX PARTNERS: WHAT PREDICTS INTENTIONS TO HELP?

A DISSERTATION
SUBMITTED TO THE GRADUATE SCHOOL
IN PARTIAL FULFILLMENT OF REQUIREMENTS
FOR THE DEGREE
DOCTOR OF PHILOSOPHY

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JULY 2016

Acknowledgements

Although completing a dissertation is a big undertaking, it is only one piece of the doctoral process. So I would like to take time here to express my deepest gratitude to both the people who directly contributed to this project as well as those who made the completion of my degree possible.

First and foremost, thank you to my dissertation chair and advisor, Dr. Lawrence Gerstein. You believed in me and guided me from day one of graduate school- from my time at the Peace Center up through multiple revisions of this manuscript. My success in this program would not have been possible without your care and expertise.

Second, a huge thank you to those who graciously served on my doctoral committee: Drs. Stefanía Ægisdóttir, Jacob Chan, and Mellisa Holtzman. Thank you for your assistance and support at various stages of this project. It has given me confidence knowing I have a team behind me who really cares about my work.

Thank you to all the counseling psychology faculty and staff. You have all been a big influence in my personal and professional development over the last six years. A big thank you to my classmates who were there to proofread, study, inspire, and celebrate with me along the way. A special thanks to my classmate and dear friend, Amy Mitchell, who literally walked with me as I worked through the joys and frustration of this process. And thank you to my undergraduate mentor, Dr. Deb Esty, who planted the seed of pursuing my doctorate.

Last but not least, thank you to my parents, Douglas and Sharon Mastroianni, and brother, Adam, who cheered me along every step of the way and kept this vision alive. Finally, thank you to my husband, Seth, who had no idea what he was getting himself into when he started dating a doctoral student, but who has provided me with endless support and balance.

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ABSTRACT

DISSERTATION: Bystander Intervention in Intimate Partner Violence Between Same-Sex Partners: What Predicts Intentions to Help?

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DEGREE: Doctor of Philosophy

COLLEGE: Teachers College

DATE: July 2016

PAGES: 120

This study represents a first attempt at modifying existing interpersonal partner violence (IPV) bystander intervention measures to apply to same-sex IPV as well as an initial examination of what predictors are important when determining a participant's intentions to intervene in a same-sex IPV situation. Latané and Darley's (1970) bystander model was used as a framework to guide this study. A total of 293 male and female students at a Midwestern university completed surveys developed to measure various factors regarding same-sex IPV including awareness of same-sex IPV, involvement in IPV awareness or prevention efforts, feelings of responsibility for stopping IPV, and efficacy to intervene and intentions to intervene in IPV situations involving friends and strangers. Factor analyses were conducted on students' responses to the modified measures. Results supported the validity and reliability of these scales. Following the factor analyses, multiple regression analyses were performed to evaluate the contribution of different variables when predicting participants' intentions to help friends (who are lesbian or gay) and strangers (who are lesbian or gay). Overall, the strongest predictor of intentions to help in IPV situations involving lesbians and gay men as well as for both friends and strangers was bystander efficacy. Other significant predictors included participants' feelings of responsibility

to stop same-sex IPV, awareness of same-sex IPV, being involved in same-sex IPV prevention efforts or programs, and being female. It should be noted, however, that these predictors were not consistently significant across each model. The results and their implications for research, practice, and program development and implementation are discussed in light of prior research on IPV bystander interventions.

Bystander Intervention in Intimate Partner Violence Between Same-Sex Partners:

What Predicts Intentions to Help?

Although the study of the negative impact of intimate partner violence (IPV) against women in heterosexual relationships and attempts to prevent its occurrence have long been an area of psychological study, it is only recently that a concern for and awareness of IPV in same-sex relationships has emerged in the literature (Turell, 2000). IPV is stereotypically thought of as an issue in a heterosexual relationship, but recent research has shown that IPV occurs at similar and sometimes higher rates in the lesbian, gay, bisexual, and transgender (LGBT) community (NISVS, 2010; Turell, 2000). Bystander intervention programs have become a promising trend in the prevention of IPV (Potter & Banyard, 2011), with the Center for Disease Control and Prevention (CDC; Brome et al., 2004) and the American College Health Association (Carr, 2007) endorsing this approach on college campuses. These programs aim to educate potential bystanders on how to recognize and intervene in IPV (Potter, Moynihan, Stapleton, & Banyard, 2009). Indeed, about one-third of situations involving sexual violence occur in the presence of a bystander (Planty, 2002), making these programs a critical way to engage the whole community in preventing IPV. Yet, most of these programs are still heterosexually focused in their training and often train bystanders to intervene in situations involving female victims and male perpetrators. Previous research has found some factors that are related to higher intervention in heterosexual IPV which include bystanders having greater feelings of responsibility to intervene, higher bystander efficacy, lower rape myth acceptance, and the benefits to intervening outweighing the costs (Banyard, 2008; Banyard & Moynihan, 2011).

There is also currently no research that has explored what influences a bystander to intervene in a situation involving same-sex IPV. Although it is unclear why same-sex IPV

bystander intervention has not been studied, several possibilities arise in the literature. First, Turell (2012) interviewed lesbian, gay, and bisexual identifying individuals about their perceptions of IPV and the need for education and intervention. The participants noted that the LGB community was facing so many other challenges (e.g., discrimination) that IPV was not currently a top concern. Second, several studies have noted that persons in the LGB community sometimes have trouble labeling relational violence as IPV and thus do not seek help to alleviate it (Borstein et al., 2006; Brown & Groscup, 2009; Turrell et al., 2012). Similarly, bystanders may experience difficulty in defining the conflict they see between same-sex couples as IPV or see it as less serious than heterosexual IPV and thus may believe there is no need for intervention (Brown & Groscup, 2009; Seelau & Seelau, 2005).

It is important though to begin studying same-sex IPV bystander intervention because LGBT victims of IPV face unique challenges of seeking help when faced with IPV, such as the fear of disclosing their sexual orientation or gender (Potter, Fountain, & Stapleton, 2012), and they may be more likely to rely on friends, who may also be bystanders to the violence (Sullivan, 2011). Furthermore, the current bystander model does not factor in possible differences in how people respond to same-sex IPV. Thus, the proposed study will examine predictors of a bystander's intentions to intervene in same-sex IPV as a way to test the bystander model and bystander related measures in order for them to be made more specific to same-sex IPV intervention. It should be noted that although same-sex IPV (i.e., lesbian and gay relationships) is the focus of this study, LGBT IPV in general is discussed in the literature review.

Definitions and Prevalence of IPV in the LGBT Community

To understand the problem of IPV and how bystanders can prevent it, it is first important to define it and recognize the rates at which it occurs among individuals who identify as LGBT.

The American Psychological Association (2000) found that IPV includes physical, sexual, and psychological abuse and stalking committed by one partner against the other in a relationship. The CDC recently released data from the National Intimate Partner and Sexual Violence Survey (NISVS), which collected answers from 16,507 adults (Black, et al., 2011). In this survey, IPV was defined as “violence by an intimate partner including physical violence, sexual violence, threats of physical or sexual violence, stalking, control of reproductive or sexual health, and psychological aggression (including coercive tactics) by a current or former intimate partner” (p. 2; Black et al).

A composite measure was created from the survey by only using the data concerning rape, physical violence and stalking to estimate lifetime prevalence of IPV (NISVS, 2010). It was estimated that 35% of heterosexual, 43.8% of lesbians, and 61.1% of women who were bisexual would experience IPV in their lifetime. For men, the estimates were 29%, 26%, and 37.3% for heterosexual, gay, and men who were bisexual, respectively. Furthermore, emotional abuse, which was not covered in the NISVS, has been estimated in several studies to occur in about 80% of same-sex relationships in which IPV was reported (Turell, 2012). This research highlights that same-sex IPV is indeed a problem in need of intervention.

Negative Impact of IPV

In addition to knowing that IPV exists in same-sex relationships, it is important to understand the negative impact of IPV, not only on the victim, but also on the community as a whole. A plethora of research has identified the negative effects of IPV experienced by female victims in heterosexual relationships (Goodman & Smyth, 2011). Most women who are in violent romantic relationships suffer from feelings of despair, distrust, hopelessness, and anger (Riger et al., 2002; Sackett & Saunders, 1999). A meta-analysis of studies examining the

relationship between women's mental health and their experience of IPV conducted by Golding (1999) found that on average about 50% of female victims struggled with depression and about 60% had post-traumatic stress disorder (PTSD). In addition, these negative psychological consequences of IPV can persist long after the woman has left the abusive relationship (Adkins & Kamp Dush, 2010).

Furthermore, the negative impact of IPV goes beyond the victim and perpetrator involved. Research has found that the strongest risk factor associated with violent behavior in children is children witnessing violence between their parents or caregivers (Break the Cycle, 2006). Thirty-sixty percent of perpetrators of IPV also abuse children in the household (Edelson, 1999) and boys who witness IPV are twice as likely to abuse their own partners as adults (Strauss, Gelles, & Smith, 1990). Thus, IPV is a systemic problem. The CDC (Tjaden & Thoennes, 2003) estimated the economic cost of IPV exceeded \$5.8 billion each year. About \$4.1 billion goes to direct medical and mental health services. Other estimated costs included \$0.9 billion in lost productivity from paid work and household chores and \$0.9 billion in lifetime earnings if the victim died due to IPV.

Since the research on same-sex IPV is still in the beginning stages, studies that have examined the psychological or physical costs of IPV were not found at this time. Yet, since it is known that IPV in the lesbian and gay community happens at similar rates as it does in couples who are heterosexual (Turell, 2000) and at even greater rates for couples who are bisexual (NISVS, 2010), it can be hypothesized that individuals who are LGBT are suffering from, or at least are at risk for, many of the same side effects of violence that are reported by victims who are heterosexual females.

The Role of Social Support

One way to lessen the negative effects of IPV is to focus on protective factors for victims, such as social support. It is estimated that two-thirds to almost all IPV victims will seek informal social support whether or not they also access formal services (e.g., shelters, hotlines, etc.) (Goodman, Dutton, Weinfurt, & Cook, 2003; Hamby & Bible, 2009; Levendosky et al., 2004; Rose, Campbell, & Kub, 2000). The research also revealed that survivors with marginalized identities, including individuals who identify as LGBT, were particularly likely to exclusively rely on family and friends for help (Sullivan, 2011). This finding is consistent with the results of the literature on help-seeking behavior of IPV victims who identify as LGBT, which revealed that most often these individuals go to family and friends for support (e.g. Turell, 1999; Turell, 2012).

Studies on help seeking of victims of IPV who are LGBT have found these individuals may not only struggle with the stigmatization of violence, but also may fear homophobic reactions and internalize the negative messages they receive (Turell, 1999, 2000). Moreover, these victims may struggle to define their relationships as abusive, since the abuse they experience does not match the heteronormative stereotype of a man beating up a woman. Informal social support has been shown to mitigate the harmful impact IPV has on the well-being of victims who are female. For example, access to social support is related to lower suicide risk, less mental health difficulties, and lower general distress (Adkins & Kamp Dush, 2010; Kaslow, Thompson, Brooks, & Twomey, 2000; Thompson et al., 2000). It should be noted that negative reactions from informal social support networks toward victims of IPV who are female can decrease a victim's well-being and increase their risk of re-abuse (Bybee & Sullivan, 2005;

Goodkind, Gillum, Bybee, & Sullivan, 2003). In other words, the kind of reaction the survivor receives from their friends and family is important. Thus, training bystanders to respond to victims before, during, or after an incident can tap into the network that individuals who are LGBT are already relying on for help and it also can teach bystanders helpful ways of responding.

The Bystander Model

An informal social support system provides vital support for victims of IPV (Goodman & Smyth, 2011) and may be one of the few forms of support on which individuals who are LGBT can rely since they may face several barriers to seeking help from formal support services (Turell, 1999, 2012). Furthermore, experts in the field of IPV prevention and intervention have begun to develop efforts that aim to engage the larger community in ending IPV (Goodman & Smyth, 2011). Thus, bystander intervention programs provide a way to instruct community members on ways they can help victims before, during, or after incidents of IPV. These bystander programs are grounded in the Latané and Darley (1970) bystander model. This model provides the foundation of the current study of factors that predict intentions to intervene in same-sex IPV.

Latané and Darley (1970) proposed a five-step decision model (Figure 1) that bystanders go through to determine whether they should intervene. First, the bystander must notice the event. Second, the event must be interpreted as a situation that requires intervention. Third, the bystander must take personal responsibility for intervening and fourth, make the choice to intervene. Finally, the bystander must implement the intervention. Furthermore, although Latané and Darley (1970) developed the model to understand how people respond in emergency situations in which immediate help is needed. The model also has been applied to a variety of

non-emergency situations such as deciding whether or not to report suspected child abuse (Hoefnagels & Zwikker, 2001).

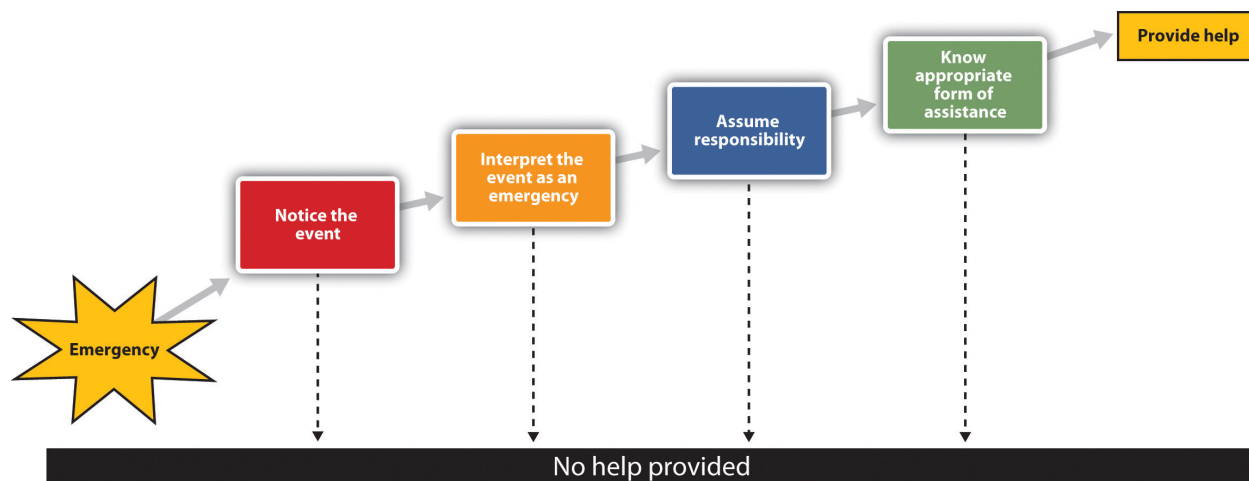


Figure 1: Latané and Darley's Model of Bystander Behavior

The first three steps of Latané and Darley's (1970) model have been tested empirically and have received scrutiny in the social psychology literature (Dovidio et al., 2006). For example studies have indicated that helping behavior increases when the situation in need of intervention is attention grabbing or vivid (Piliavin, Piliavin, & Broll, 1976) and it is clear something is wrong (Clark & Word, 1972). In addition, people are more likely to intervene if they are either given or assume personal responsibility for helping (Moriarty, 1975).

Although there is research in support of steps one through three of Latané and Darley's (1970) model, less research has focused on steps four and five of the model (i.e., deciding to help and implementing help). Shotland and Heinold (1985) studied steps four and five by training one group of participants in first aid, while a control group did not receive this training. Then, each group encountered a confederate that appeared to have severe arterial bleeding. Both groups intervened at equal rates, but those who did not receive the training actually did things that would have caused more harm than good if the bleeding had been real. In other words, having

the right skills to intervene is important. Other research has shown that not believing one has the skills to intervene can prevent intervention (e.g. Burn, 2009). Burn (2009) highlighted that having the right skills or bystander efficacy was important in bystander intervention in the situation of IPV. Burn (2009) asked undergraduates about their bystander behaviors in regard to IPV based on the 5-step model and found that women who said they felt they had the skills to intervene were more likely to perform bystander behaviors. Bystanders also were more likely to help friends than strangers.

Factors Influencing IPV Bystander Intervention

A few other research studies have applied the 5-step model to IPV intervention. Banyard and Moynihan (2011) surveyed 406 undergraduates in terms of self-reported helping behaviors regarding intervention in what they deemed “sexual or intimate partner violence” (p. 292) over the past 2 months. Other self-report measures included in this study were a scale of peer support norms for using coercion in intimate relationships, a rape myth acceptance scale, a bystander efficacy scale, a bystander intention to help scale, a decisional balance scale, a responsibility to prevent IPV scale, and a denial or lack of awareness of IPV or sexual violence (SV) as a problem scale.

Results showed that overall helping behaviors were correlated with being younger, having a greater sense of responsibility for ending relational violence, greater perceived bystander efficacy, and having the benefits outweigh the costs to intervening (Banyard & Moynihan, 2011). Based on the bystander model (Latané & Darley, 1970), participants who were able to take responsibility for the intervention (step 3) and had enough confidence that they knew a way to help (step 4) were more likely to report helping behaviors.

When predicting intentions to intervene in IPV situations, slightly different results were found (Banyard & Moynihan, 2011). Greater expressed intention to intervene was related to lower rape myth acceptance, benefits outweighing costs, greater bystander efficacy, and lower scores on peer norms in support of coercion. Overall, women reported more helping behaviors and greater intentions to help compared to men. These results bring to light that intent and actual behavior may be influenced by different variables and should be considered in future research.

Both intentions to help and actual interventions were related to greater bystander efficacy and the benefits of intervening outweighing the costs. Actual helping though was also linked to greater feelings of responsibility and being younger. In contrast, intentions to help were associated with lower rape myth acceptance and lower peer norm support of coercion. It could be hypothesized that these differences could be connected to how people conceptualize helping versus their actual decision-making process. For example, feeling responsible for intervening may be more salient in the moment and also be influenced by who is involved in the conflict. Meanwhile, more conceptual variables like not believing in rape myths may influence how you intend to intervene in theory, but may have less of an impact in the actual moment.

Banyard (2008) also found that bystander self-efficacy along with lower rape myth acceptance, and greater benefits of helping were positively correlated with higher self-reported helping behaviors. In general, however, a variable that is overlooked in most studies, but shown to be important in Burn's (2008) research is the relationship between the bystander and the victim or perpetrator. The current research, therefore, will specifically examine intentions to help both friends and strangers who are in IPV situations in order to examine if a relationship to the victim influences a bystander's intention to help.

Current Bystander Intervention Programs

One practical implication of the research that applies the 5-step model to IPV (e.g., Banyard, 2008) has been the development of bystander intervention programs. Programs that rely on the bystander model have been implemented on college campuses. It has been discovered that these programs were successful in producing positive outcomes such as improving bystander attitudes, knowledge, efficacy, intentions to help, and actual bystander behaviors in a general undergraduate population (Banyard et al., 2007) and in a group of student leaders (Banyard, Moynihan, & Crossman, 2009). Bystander behaviors were assessed by a self-report measure that included a list of possible behaviors (e.g., “Have you walked a friend home from a party who has had too much to drink?”; Banyard et al., 2007). By using a control group and an experimental group, Banyard and colleagues found that those students who had received bystander education were more likely to engage in bystander behaviors as reported in their posttest and 2-month follow-up. In addition, Banyard and colleagues (2007) even found that these positive outcomes (e.g., improvement in attitudes related to sexual violence and willingness to help) were maintained at a 12-month follow-up (Banyard et al., 2007). A meta-analysis of 12 bystander programs also revealed a medium effect size for improving bystander efficacy and intentions, and a smaller effect size in improving attitudes and actual behaviors (Katz & Moore, 2013).

Potter and colleagues (2012) reviewed five of these programs and one social-media marketing campaign in regards to how well they addressed sexual assault and IPV in the LGBT community. While 3 of the 5 programs recognized the occurrence of IPV among individuals who are LGBT, in general, none of the programs provided specific information about how to intervene in these situations or what unique factors may play into relational violence among individuals who are LGBT. Thus, the current research study could provide useful information on

what factors are important to address when educating people on ways they can intervene in same-sex IPV situations and what might influence their intentions to intervene.

Current Study

Given the gaps in the literature discussed earlier, for instance, the lack of research focused on predictors of bystander intervention in same-sex IPV, the current study examined predictors of intentions to intervene in same-sex IPV. The bystander model has been a successful foundation for designing intervention programs, thus, this model guided the current project. In addition, the current study aimed to strengthen bystander training programs by modifying and testing the reliability of measures designed to reflect the Latané & Darley (1970) model and are specific to same-sex IPV. In addition, the current study tested hypotheses based on this model as it applies to same-sex IPV. Previous research has found that higher bystander efficacy and having a sense of awareness and responsibility for preventing IPV are related to greater bystander intentions and actual bystander behaviors among college students (Banyard & Moynihan, 2011). In addition, the gender of the participant seems to influence if someone intends to intervene, with women reporting greater intentions (Banyard & Moynihan, 2011). Thus, the current study examined if these factors; bystander efficacy, feelings of responsibility, awareness of same-sex IPV, and gender; were also significant predictors in intentions to intervene in same-sex IPV. Further, since IPV victims who are LGBT are more likely to rely on family and friends for help, as opposed to formal resources, the current study surveyed bystanders in regards to how they would help an individual who is lesbian or gay that they know (i.e., a friend) as opposed to a stranger (e.g., Turell, 1999; Turell, 2012). It was hypothesized that bystander efficacy, awareness of same-sex IPV, feelings of responsibility to intervene, a desire to gain knowledge or take action in regards to IPV prevention efforts, and participants' identified

gender would significantly predict bystander intentions to intervene in IPV situations. The more specific hypotheses were:

H1: The degree of intent to help in IPV situations involving gay men who are friends and who are strangers will be predicted by bystander efficacy, awareness of IPV in relationships between men who are gay, feelings of responsibility, a desire to gain knowledge or take action in regards to IPV prevention efforts, and identifying as a female.

H2: The degree of intent to help in IPV situations involving lesbians who are friends and who are strangers will be predicted by bystander efficacy, awareness of IPV in relationships between lesbians, feelings of responsibility, a desire to gain knowledge or take action in regards to IPV prevention efforts, and identifying as a female.

Method

In the present study, gender of the participant (i.e. self-identifying as male or female), feelings of responsibility to prevent IPV, awareness of IPV, a desire to gain knowledge or take action in regards to IPV prevention efforts, and bystander efficacy, was examined as predictors of intentions to help friends and strangers involved in same-sex IPV. The goal of the study was to advance Latané and Darley's (1970) bystander model as applied to IPV by updating it to account for what predicts a bystander's willingness to help in same-sex IPV situations.

Participants

For students to participate they had to be between the ages of 18 and 24, since this reflects the population on which bystander programs have been evaluated thus far in the literature (e.g. Katz & Moore, 2013). A total of 293 students filled out the survey that applied to IPV between gay men and a total of 123 students filled out the survey that applied to IPV between lesbian women.

An a priori multiple regression power analysis was conducted prior to collecting data using the program G*Power 3.1 with the error set at 0.05 to determine the minimum number of needed participants. The results indicated that approximately 125 students were needed to take each survey. This sample size provided a power of 0.95. The minimum number of participants was reached for the sample that took the survey modified for gay men ($n = 229$). Since the required number of male participants needed to complete the lesbian versions of the surveys could not be achieved, gender was dropped as a predictor in analyses involving these surveys. Only the responses of the heterosexual female respondents, therefore, were used in these regression analysis, limiting the sample to only 90 women. Results of a post hoc power analysis revealed that a regression analysis conducted with a sample of 90 participants, using 4 predictors, yielded a power of 0.83.

In the sample that answered the gay focused surveys, there were 58 people who identified as male, 212 who identified as female, and 23 people who indicated they are gender queer, transgender, or did not answer the question. In terms of sexual orientation, 231 participants said they were heterosexual and 46 people indicated that they identified as gay, lesbian, bisexual, pansexual, asexual, or questioning. Thus, since the majority of the participants indicated they were heterosexual and male or female the sample was reduced to the 229 people who indicated that they are heterosexual and male or female and this portion of the sample was used for the regression analyses. The total sample was used when conducting the factor analyses.

In the total sample that answered the gay focused surveys ($n = 293$), the majority of the students were juniors ($n = 90$), followed by seniors ($n = 68$), sophomores ($n = 59$), freshmen ($n = 55$), and “other” ($n = 5$). In terms of ethnicity, 67.9% of the sample indicated that they were Caucasian/European American ($n = 199$), followed by White Non-American ($n = 39$), and

African American/Black ($n = 20$). Other ethnicities that each represented 2% or less of the sample included Asian American/Asian, Hispanic/Latino American or Non-American, Biracial, and Multiracial. The majority of the sample (61.8%) identified as Christian or Catholic ($n = 181$), followed by agnostic ($n = 39$), spiritual but not religious ($n = 27$), and atheist ($n = 19$). Other faiths that each represented 1% or less of the sample included Muslim ($n = 1$) and Buddhist ($n = 1$). Most of the population (91.8%) of the sample were born in the United States and the majority (92.8%) said English is their first language.

The demographics for the lesbian focused survey sample also had a majority of participants who were heterosexual and male or female. There were 20 people who said they identified as male, 98 as female, and five who said they were transgender, gender queer or fit into the “other” category. In terms of sexual orientation 106 people said they identify as heterosexual and 18 people indicated that they identified as gay, lesbian, bisexual, pansexual, asexual, or questioning. Thus, the sample was reduced to only males and females who identified as heterosexual. With this reduction there were 90 females and 15 males left in the sample to test the hypotheses. Since there were not enough males to include in the regression only heterosexual female participants were included in the regression analyses. The total sample was used when conducting the factor analyses.

In the total sample that answered the surveys focused on IPV between lesbians there was an equal number of juniors and seniors ($n = 33$) followed by sophomores ($n = 30$), freshman ($n = 26$), and “other” ($n = 2$). In terms of ethnicity, the majority of the population (66.2%) said they were Caucasian/European American followed by White Non-American ($n = 14$), and African American/Black ($n = 8$). Other ethnicities that each represented 3% or less of the sample included Asian American/Asian, Hispanic/Latino American or Non-American, Biracial, and

Multiracial. The majority (60.9%) of the sample indicated that they were Christian or Catholic (n = 81) followed by agnostic (n = 16), atheist (n = 10), and spiritual but not religious (n = 8). Other faiths that each represented 2% or less of the sample included Jewish (n = 2) and Buddhist (n = 1). The majority (91.7%) of students said they were born in the United States and that their first language was English (93.2%).

LGBT participants were eliminated from the regression analyses for several reasons. First, it was speculated that the people identifying as LGBT might have responded differently to the measures than heterosexual participants. In addition, the LGBT students represented a small percentage of each sample compared to the large percentage of heterosexual students. In specific, 5 times as many heterosexual participants completed the gay versions of the surveys and 6 times as many heterosexual participants as compared to the LGBT identifying participants completed the lesbian versions of the surveys. Thus, the LGBT respondents were not included in the regression analyses in order to reduce potential measurement error and make for a cleaner, more straightforward analysis, as the purpose of this study was to examine for the first time possible predictors of same-sex IPV. Furthermore, sexual orientation was not included in the hypotheses as a predictor, as the IPV prevention literature has yet to consider the role of this variable in IPV intervention. Thus, although sexual orientation certainly should be examined as a predictor in similar studies conducted in the future, it was not included as a predictor in the current study.

Instruments

Readiness to Help Scale. The Readiness to Help Scale (Banyard et al., 2014) is a 36-item 5-point Likert scale, ranging from 1= not at all true/strongly disagree to 5= very much true/strongly agree. It was developed to measure attitudes related to awareness, having a sense of responsibility, and taking action in regard to sexual abuse, relationship abuse, and stalking. The

measure provides respondents with definitions of sexual abuse, relationship abuse, and stalking. In brief, sexual abuse includes sexual harassment and unwanted sexual advances from a person that may be known or unknown to the participant, including someone they are in a relationship with. Intimate partner abuse is just a different term for intimate partner violence. The authors explained that they use the term “abuse” instead of “violence” because they have found that their respondents do not resonate with the term “violence” (V. Banyard, 2014 per communication). Based on factor analysis (Banyard et al., 2014) the measure was found to have three subscales: Action, Taking Responsibility, and No Awareness. The measure was informed by Prochaska and Diclemente’s (1984) stages of change model and Latané and Darley’s (1970) bystander model.

The No Awareness subscale has 12 items, Cronbach’s alpha of .85, and a test-retest (i.e. two-three weeks later) of $r = .41$. A sample item on the No Awareness subscale is, “I don’t think sexual abuse is a problem on campus.” The Taking Responsibility subscale consists of 9 items, a Cronbach’s alpha of .91, and a test-retest (i.e., two-three weeks later) reliability of $r = .49$. A sample item on the Taking Responsibility subscale is, “I think I should learn more about sexual abuse.” The Action subscale has 12 items, a Cronbach’s alpha of .93, and a test-retest reliability of $r = .34$ (i.e. two-three weeks later). An example item on the Action subscale is, “I am planning to learn more about the problem of intimate partner abuse on campus.” These scales assess attitudes related to the awareness of the problem of IPV (i.e., No Awareness subscale), a sense of responsibility for doing something about IPV (i.e., Taking Responsibility subscale), and taking action in regards to learning about or helping to prevent IPV (i.e., Action subscale).

The Readiness to Help Scale was normed on 948 first year college students at two campuses in the northeastern United States (Banyard et al., 2014). The students were part of a longitudinal study of the effectiveness of a bystander intervention program. The sample was

approximately split between males (51.5%) and females (47.8%) and 85.2% of the sample was White. The other two scales described below, the Bystander Efficacy Scale and the Intent to Help Scale, were also normed on this sample.

Content validity for the items on the Readiness to Help Scale was established in the creation of the items through consultation with both practitioners and research experts in the field of bystander intervention and sexual and relationship abuse (Banyard et al., 2014). To determine criterion validity, correlations were computed between the responses to the Readiness to Help Scale and responses to the following scales: Social Desirability Scale (Stöber, 2001), Illinois Rape Myth Acceptance Scale- Short Form (Payne, Lonsway, & Fitzgerald, 1999), and the Bystander Efficacy Scale (Banyard, 2008). For example, lack of awareness (i.e., high scores on the No Awareness scale) was significantly related to greater rape myth acceptance ($r = .28, p < .001$) and lower bystander efficacy ($r = -.24, p < .001$; Banyard et al., 2014). This demonstrated that the lack of awareness scale had convergent validity with a scale that measures acceptance of rape myths and divergent validity with a scale that examined bystander efficacy. As expected, responses to the Taking Responsibility subscale were significantly related to lower rape myth acceptance ($r = -.12, p < .001$) and greater bystander efficacy ($r = .28, p < .001$), which demonstrated convergent validity. Responses to the social desirability measure were not significantly related to responses to the No Awareness ($r = .06$) and Taking Responsibility ($r = -.06$) subscales, meaning that respondents seemed to answer these subscales truthfully.

For the current study, the Readiness to Help Scale was modified so that the items referred to the target population (see Appendices D & E). An example of an original item is: “Doing something about sexual abuse is solely the job of the crisis center.” The modified item reads: “Doing something about gay men sexually abusing other gay men is solely the job of the BSU

Office of Victim Services.” Each subscale is scored separately by calculating the mean of the total score.

Bystander Efficacy Scale. The Bystander Efficacy Scale (Banyard, 2008) was created to evaluate bystander intervention efficacy of college students. It consists of 18 statements regarding different bystander actions. Participants rate how confident they are that they can perform the action by using a scale ranging (0 = can’t do to 100 = very certain). An example item is, “Ask a friend if they need to be walked home from a party.” The mean across all 18 items becomes the total score. The scale has been found to have a Cronbach’s alpha of .93 (Banyard et al., 2014) when used with a sample of 948 mostly Caucasian, first-year college students.

The scale was modeled on work by LaPlant (2002) who developed a healthy eating self-efficacy scale (Banyard, 2008). Content validity was strengthened by consulting the empirical literature as well as professionals working in the field of prevention and intervention in sexual and relationship abuse. The measure was also pilot tested on students who provided feedback on the items as well as were asked to generate new items. For example, students were given a series of vignettes that depicted IPV and they were asked to describe what someone might do to help in that situation.

Criterion validity was examined by correlating responses to the Bystander Efficacy scale with responses to a measure of actual bystander behavior (Banyard et al., 2007) and bystander attitudes (Banyard et al., 2007). Bystander efficacy was significantly negatively related to bystander behavior ($r = -.30, p < .001$) and bystander attitudes ($r = -.70, p < .001$) meaning lower efficacy was related to fewer bystander behaviors and less positive bystander attitudes.

Correlations also were examined between responses to the Bystander Efficacy Scale with

responses to the Illinois Rape Myth Acceptance Scale- Short Form (Payne, Lonsway, & Fitzgerald, 1999), the College Date Rape Attitude Survey (Lanier & Elliott, 1997), and two efficacy scales; the Slaby Bystander Efficacy Scale (Slaby, Wilson-Brewer, & DeVos, 1994), which measures participants' efficacy in regard to preventing violence in general, and the MVP Efficacy Scale (Ward, 2001), which assesses respondents' efficacy in regards to preventing gender violence. Lower rape myth acceptance was related to higher bystander efficacy ($r = .24, p < .001$). Responses to the Bystander Self-Efficacy Scale also were significantly correlated with responses to the Slaby Bystander Efficacy Scale ($r = -.35, p < .001$) and the MVP Efficacy scale ($r = -.58, p < .001$). The positive correlations with these other efficacy scales and lower rape myth acceptance demonstrated convergent validity.

For the current study, the Bystander Efficacy Scale was modified so that the items referred to the target population (i.e., men who are gay and women who are lesbian) (see Appendices F & G). An example and original item is: "Talk to a friend who I suspect is in an abusive relationship." The modified version reads: "Talk to a friend who is a lesbian and I suspect is in an abusive relationship with a lesbian."

Intent to Help. The Intent to Help Scale was initially developed as a 51-item scale used to assess a participant's intent to help in various situations involving possible sexual or relationship abuse (Banyard, 2008). The current study used an 18-item short form developed by Banyard et al. (2014) that contains two subscales: Intent to Help Friends and Intent to Help Strangers. The items are on a 5-point Likert scale, with 1 being "no at all likely" and 5 being "extremely likely." A sample item on the Intent to Help Friends scale is, "I let someone who I suspect has been sexually assaulted know I'm available for help and support." An example of an item on the Intent to Help Strangers scale is, "I talk with people I don't know about watching

each other's drinks." The Cronbach's alpha of the Intent to Help Friends and Intent to Help Strangers subscales linked with the short form are .93 and .94, respectively.

Content validity was established for this scale consulting the empirical literature as well as professionals working in the field of prevention and intervention in sexual and relationship abuse (Banyard, 2008). The measure was pilot tested on students who provided feedback on the items as well as were asked to generate new items, just like on the Bystander Efficacy Scale. The items on the Intent to Help Friends Scale were significantly positively correlated with the majority of the bystander behaviors measured by Banyard and colleagues (2014) such as "party safety" which included items regarding leaving parties with friends and monitoring friends drinking levels. In addition, the Intent to Help Stranger items were significantly positively correlated with all of these bystander behaviors. These positive correlations show convergent validity between the intent to help and the bystander behavior scales.

For the current study, the Intent to Help Scale was modified so that the items referred to the target population (see Appendices H & I). An example of an original item is: "I approach someone I know if I thought they were in an abusive relationship and let him know I'm here to help." The modified version reads: "I approach a lesbian I know if I thought she was in an abusive relationship with a female partner and I would let her know I'm here to help."

Demographic Questions. Participants responded to questions about their age, identified gender, sexual orientation, race/ethnicity, year in college, major of study, religion, relationship status, and prior training in regards to intimate partner violence generally as well as specific training in LGBT IPV intervention (see Appendix C).

Procedure

All instruments including the demographic questionnaire were administered to undergraduate students via the survey program Qualtrics. The instruments were randomly ordered for each participant to prevent order effects. Convenience sampling procedures were used and participants were randomly assigned to one of the two survey conditions. The random assignment to the lesbian focused or gay focused survey was achieved through creating a randomization option in the Qualtrics program. When students agreed to take the survey they were then randomly directed to one of the two versions of the surveys. A total of 305 participants began the survey focused on gay men and 293 completed it (96%). For the lesbian focused survey, 293 participants started the survey, but only 123 or 42% completed it.

Students were recruited via a campus wide email and through their CPSY instructors who provided their students with the survey information. The recruitment email provided the students with a brief description of the study and that their participation was completely voluntary, confidential, and anonymous. The email also provided the participants a link to the survey where they were first directed to an informed consent document and asked to indicate their agreement to participate by clicking “I agree” on the informed consent page. Students enrolled in CPSY classes at Ball State University were able to take the survey for a one-half hour of research credit upon completion of the survey. Participants who did not wish to receive CPSY credit had the opportunity to be entered into a drawing for one of five \$20 Amazon gift cards. The survey took about 20 minutes to complete.

Results

Before the hypotheses were tested, a factor analysis was performed on responses to each of the modified scales. A listwise deletion procedure was employed removing all data for a case that had one or more missing values. The purpose of these factor analyses was twofold. First,

they informed the researcher about the number and composition of factors linked with each measure employed in this project, and in so doing, allowed for the accurate use of the scales in future analyses. It was believed that since this was the first time these measures were modified to apply to gay men and lesbians that the factor structure of the items may be different than the factor structure for the original scales. In addition, it was also important to calculate the reliability of each factor to determine whether the modified measures were reliable before further analyses were performed. It should be noted that principle components factor analysis was utilized when examining responses to all the measures, as this approach was employed by Banyard and colleagues (Banyard, Eckstein, & Moynihan, 2010; Banyard et al., 2014) when they developed the original scales that were then modified for use in the current study.

Factor Structure of Readiness to Help Scale as Applied to Gay Men

Responses to the 36 items on the Readiness to Help Scale as applied to gay men (Readiness Gay) were subjected to a series of exploratory factor analyses using principal component factor extraction with a varimax rotation. A varimax rotation was utilized in order to reduce the potential for correlations in responses to the obtained factors (Gorsuch, 1983). Furthermore, when evaluating the criteria of the results of an exploratory factor analysis it is recommended that multiple criteria should be used (Tinsley & Tinsely, 1987), so eigenvalues, factor loadings and scree tests were all examined. In order to yield the most valid and conservative factor structure (Cattell, 1966), factors with eigenvalues greater than one and above the elbow in the scree plot were retained. Based on an examination of the eigenvalues, factor loadings, and scree plots in the current study, the initial factor extraction resulted in 8 factors with eigenvalues of 1.00 or greater. Next, factor loadings were assessed. Items with loadings of .40 on a single factor were retained. In addition, the variance explained by each factor was

examined to determine when the variance explained significantly decreased and thus indicated how many factors should be included to best fit the measure.

Based on the criteria mentioned above, it appeared that a three-factor solution explaining 77% of the variance would best represent the Readiness Gay scale. Given this, additional factor analyses were conducted using a three-factor solution. For each analysis, the percent of variance explained, the eigenvalues, number of items loading on a factor, and number of items highly loading (.40 or higher) on a single factor were examined. Items with loadings of less than .40 or that split loaded on multiple factors were eliminated.

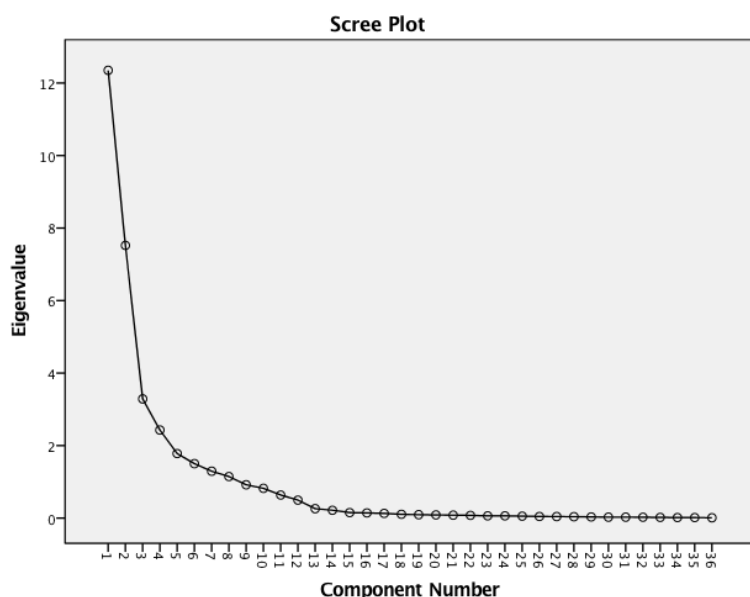


Figure 2. Scree Plot of 36-Item Readiness to Help Gay Scale

The final three-factor solution captured 24 items (see Table 1). The items on each factor were similar to the original scales; Taking Responsibility, No Awareness, and Action, although not all items were retained due to low or split factor loadings. Factor one included all 12 items (e.g. “I am actively involved in projects to deal with **intimate partner abuse** in relationships between gay men on this campus.”) that corresponded with the original Action subscale (e.g., “I am actively

involved in projects to deal with intimate partner abuse on campus.”) and had a Cronbach’s alpha coefficient of .98. Factor two included 9 items (e.g., “Sometimes I think I should learn more about **intimate partner abuse** in relationships between gay men.”), all of which matched the original Taking Responsibility subscale (e.g., “Sometimes I think I should learn more about intimate partner abuse.”) and had a Cronbach’s alpha coefficient of .95. The final factor had 3 items (e.g. “I don’t think that gay men **sexually abusing** other gay men is a problem on this campus.”), all of which matched the original No Awareness subscale (e.g., “I don’t think sexual abuse is a problem on this campus.”) and a Cronbach’s alpha coefficient of .94.

In addition to the factor analyses just discussed, correlations were calculated to examine the relationships between responses to the factors and to the responses to the factors and the participant’s age. As expected, responses to the No Awareness subscale were significantly negatively related ($r = -.27; p < .01$) to responses to the Taking Responsibility subscale. This was expected since the No Awareness subscale includes items that indicated denial or downplaying the problem of same-sex IPV on college campuses, while the Taking Responsibility subscale items indicates a willingness to learn more about same-sex IPV in a college setting. Similarly, there also was a negative, but non-significant correlation ($r = -.10; p > .05$), between the responses to the Action subscale and the responses to the No Awareness. In addition, there was a significant correlation ($r = .31; p < .05$) between the responses to the Action and responses to the Taking Responsibility subscales. Both of these scales contain items that indicate awareness of same-sex IPV and the Action subscale also possesses items that indicate active helping behaviors. There was no significant correlations between responses to the three factors and participants age.

Factor Structure of Readiness to Help Scale as Applied to Lesbians

Responses to the 36 items on the Readiness to Help Scale as applied to lesbians (Readiness Lesbian) were subjected to a series of exploratory factor analyses using principal component factor extraction with a varimax rotation. The same criteria reported for the first factor analysis was also used to evaluate these factor analysis results. Based on this criteria, it appeared that a three-factor solution that accounted for 74% of the variance would best represent the Readiness Lesbian scale. Given this, additional factor analyses were conducted using a three-factor solution. For each analysis, the percent of variance explained, the eigenvalues, number of items loading on a factor, and number of items highly loading (.40 or higher) on a single factor were examined. Items with loadings of less than .40 or that split loaded on multiple factors were eliminated.

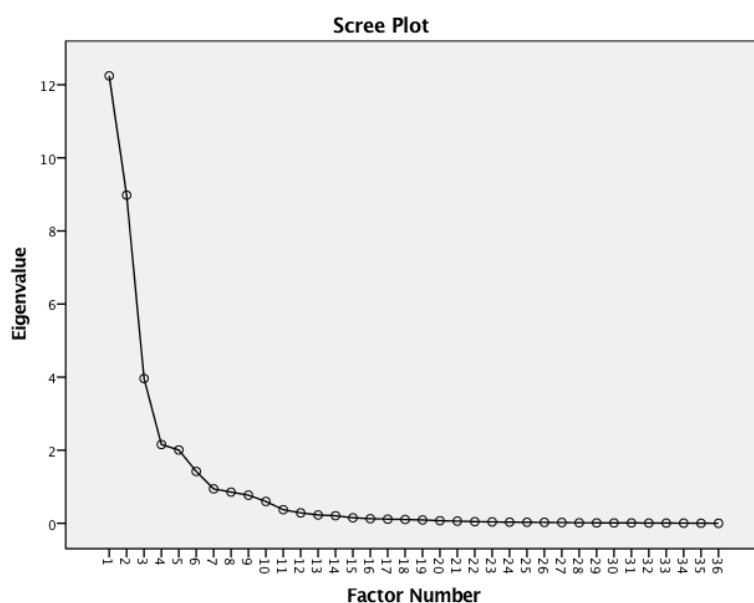


Figure 3. Scree Plot of 36-Item Readiness to Help Lesbian Scale

The final three-factor solution captured 30 items (see Table 2). The items on each factor were similar to the original scales; Taking Responsibility, No Awareness, and Action, although not all items were retained due to low or split factor loadings. Factor one included all 12 items (e.g. “I

am actively involved in projects to deal with **intimate partner abuse** in relationships between lesbians on this campus.”) that corresponded with the original Action subscale (e.g., “I am actively involved in projects to deal with intimate partner abuse on campus.”) and had a Cronbach’s alpha coefficient of .98. Factor two included all 12 items (e.g., (e.g. “I don’t think that a lesbian **sexually abusing** other lesbians is a problem on this campus.”) that matched the original No Awareness subscale (e.g., “I don’t think that sexual abuse is a problem on campus.”) and had a Cronbach’s alpha coefficient of .93. The final factor had 6 items (“Sometimes I think I should learn more about **intimate partner abuse** in relationships between lesbians.”), all of which matched the original Taking Responsibility subscale (e.g., “Sometimes I think I should learn more about intimate partner abuse.”) and a Cronbach’s alpha coefficient of .96.

In addition to the factor analyses just discussed, correlations were calculated to examine the relationships between responses to the factors and to the responses to the factors and the participant’s age. As expected, the responses to the Action and Taking responsibility subscales were significantly positively related ($r = .24$; $p < .05$). Both of these factors contain items endorsing pro-helping behavior in IPV situations. There was also a significant negative correlation between the responses to the Taking Responsibility and No Awareness subscales ($r = -.366$; $p < .01$), which was expected since the No Awareness includes items that deny the problem of IPV, while the Taking Responsibility has items that recognize IPV as a problem in need of intervention. The responses to the Action and No Awareness subscales had a very small, non-significant correlation ($r = .05$; $p > .05$). There was no significant correlations between responses to the three factors and participants age.

Factor Structure of the Bystander Efficacy Scale as Applied to Gay Men

Responses to the 18 items on the Bystander Efficacy scale as modified for gay men (Bystander Efficacy Gay) was subjected to an exploratory factor analysis using principal component factor extraction with a varimax rotation. The same criteria reported for the previous analyses were also used to evaluate these factor analysis results. The initial factor extraction resulted in 18 factors with eigenvalues of 1.00 or greater. Analysis of the percent of variance and the scree plot revealed that a one-factor solution would best represent the Bystander Efficacy Gay scale.

A reliability analysis, including item-total statistics was conducted in order to examine how much the reliability would decrease if the item in question were to be deleted. The Cronbach's alpha for Bystander Efficacy Gay scale is .95 (see Table 3) and it was determined via an examination of the item-total statistics that no items should be deleted.

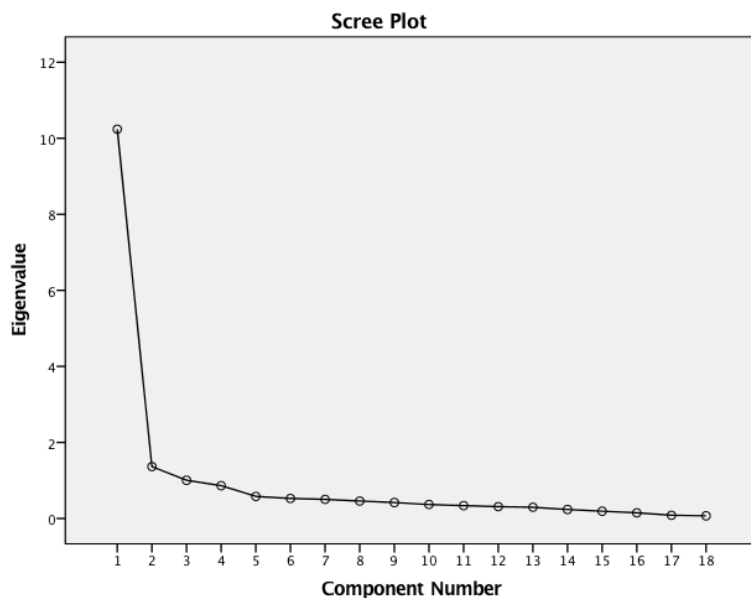


Figure 4. Scree Plot of 18-Item Efficacy Gay Scale

Factor Structure of the Bystander Efficacy Scale as Applied to Lesbians

Responses to the 18 items on the Bystander Efficacy scale as modified for lesbians (Bystander Efficacy Lesbian) was subjected to an exploratory factor analysis using principal component factor extraction with a varimax rotation. The same criteria reported for the previous analyses were also used to evaluate these factor analysis results. The initial factor extraction resulted in 18 factors with eigenvalues of 1.00 or greater. Analysis of the percent of variance and the scree plot revealed that a one-factor solution would best represent the Bystander Efficacy Lesbian scale.

A reliability analysis, including item-total statistics was conducted in order to examine how much the reliability would decrease if the item in question were to be deleted. The Cronbach's alpha for Bystander Efficacy Lesbian scale is .95 (see Table 4) and it was determined via an examination of the item-total statistics that no items should be deleted.

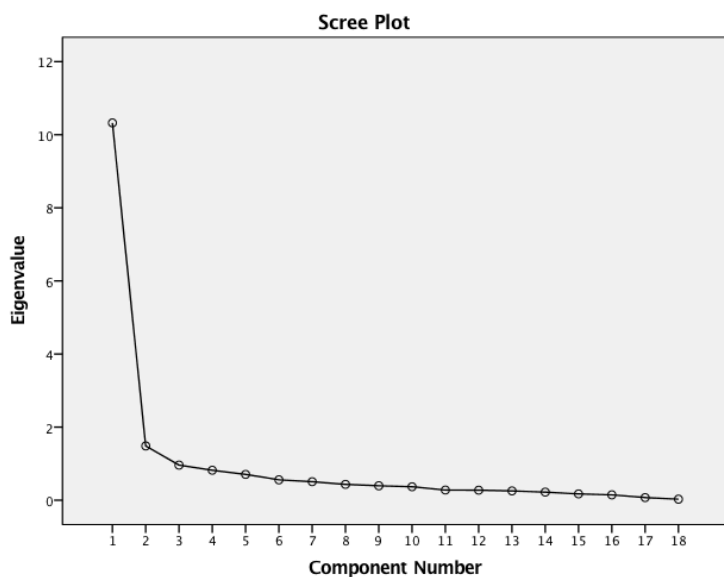


Figure 5. Scree Plot of 18-Item Efficacy Lesbian Scale

Factor Structure of the Intent to Help Scale as Applied to Gay Men

Responses to the 18 items on the Intent to Help scale as modified for gay men (Intent Gay) was subjected to a series of exploratory factor analyses using principal component factor extraction. The same criteria reported for the previous factor analyses were also used to evaluate these factor analysis results. The initial factor extraction resulted in 18 factors with eigenvalues of 1.00 or greater. Analysis of the percent of variance and the scree plot revealed that a two-factor solution would best represent the Intent Gay scale.

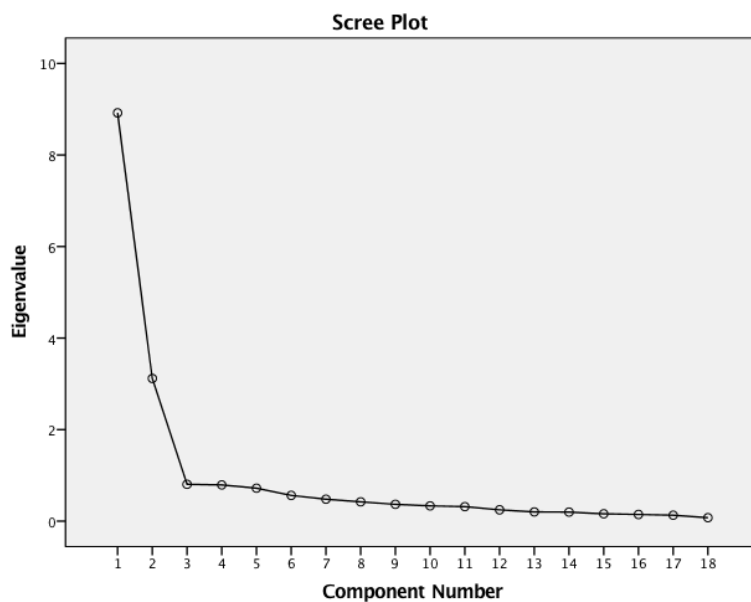


Figure 6. Scree Plot of 18-Item Intent to Help Gay Scale

Based on this finding, additional factor analyses were conducted using a two-factor solution. For each analysis, the percent of variance explained, number of items loading on a factor, and number of items highly loaded ($>.40$) on multiple factors were examined. None of the items were found to have loadings less than .40 and did not double load on the factors, so all 18 items were retained.

The final two-factor scale had a total of 18 items and the items on each factor matched the original Intent to Help Scale subscales; Intent to Help Friends and Intent to Help Strangers. (see

Table 5). Factor one, Intent to Help Friends, consisted of 10 items and had a Cronbach alpha of .93. Factor two, Intent to Help Strangers, consisted of eight items and had a Cronbach's alpha of .93. In addition correlations were conducted to examine the relationship between responses to each factor. The correlation between the responses to the Intent to Help Friends Scale and the Intent to Help Strangers Scale was significant ($r = .49; p < .01$).

Factor Structure of the Intent to Help Scale as Applied to Lesbians

Responses to the 18 items on the Intent to Help scale as modified for lesbians (Intent Lesbian) was subjected to a series of exploratory factor analyses using principal component factor extraction. The initial factor extraction resulted in 18 factors with eigenvalues of 1.00 or greater. The same criteria reported for the previous factor analyses were also used to evaluate these factor analysis results. Analysis of the percent of variance and the scree plot revealed that a two-factor solution would best represent the Intent Lesbian scale.

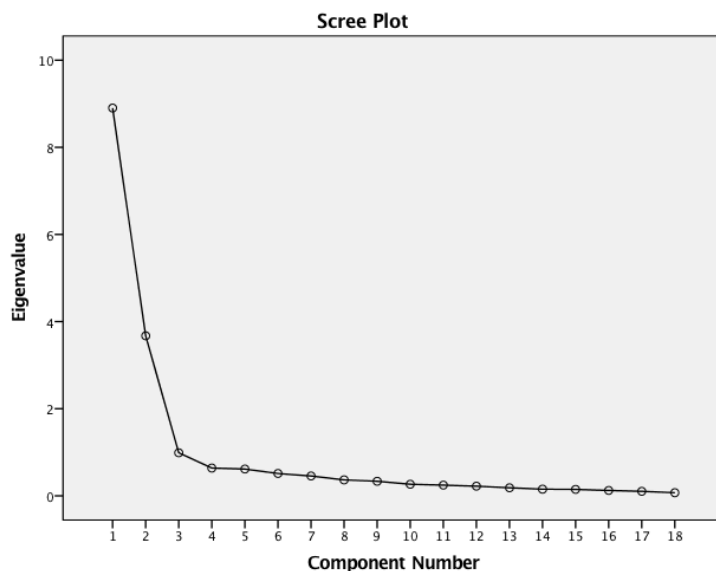


Figure 7. Scree Plot of 18-Item Intent to Help Lesbian Scale

Based on this finding, additional factor analyses were conducted using a two-factor solution. For each analysis, the percent of variance explained, number of items loading on a factor, and number of items highly loaded ($>.40$) on multiple factors were examined. None of the items were found to have loadings less than .40 and did not double load on the factors, so all 18 items were retained.

The final two-factor scale had a total of 18 items and the items on each factor matched the original Intent to Help Scale subscales; Intent to Help Friends and Intent to Help Strangers (see Table 6). Factor one, Intent to Help Friends, consisted of 10 items and had a Cronbach alpha of .95. Factor two, Intent to Help Strangers, consisted of eight items and had a Cronbach's alpha of .94. In addition correlations were conducted to examine the relationship between responses to each factor. The correlation between the responses to the Intent to Help Friends Scale and the Intent to Help Strangers Scale was ($r = .42; p < .01$).

Correlations

Before regression analyses were conducted, correlations were examined between responses to the scales of interest. Responses to the Readiness to Help and Intent to Help Scales were correlated ($r = .49; p < .01$). Correlations also were obtained between age and responses to the factors on these scales. This was done to make sure that the variables were not moderately or highly correlated, which can be an indication of multicollinearity. In addition, the correlation between age and responses to the Intent to Help scale was calculated in order to determine if these responses varied by participants' age. If responses were found to vary by age, then age was to be included as a predictor in the regression analyses.

When correlations were calculated between age and responses to the Intent to Help Friends and Intent to Help Strangers scales for both samples, non-significant results were found (see Table 7). Thus age, was not entered as a predictor in the regression analyses.

Correlations also were performed between gender and responses to all the subscales associated with the Intent to Help Scale, the Readiness to Help, and the Bystander Efficacy measures (see Table 8 and 9), since these variables were entered in the regression analyses. Further, these relationships were examined because in the bystander literature it has been shown that women were often more likely to display bystander interventions as compared to men (e.g. Brown and Groscup, 2009; Seelau & Seelau, 2005). Gender was not included in the correlations performed on the data set applied to lesbian IPV because there were not enough male participants in the sample to make a meaningful comparison between male and female responses.

Regression as Applied to Intent to Help Friends (Gay)

A multiple regression analysis entering all predictors at the same time and a listwise deletion procedure were used to test the first hypothesis which stated that the degree of intent to help in IPV situations involving gay male friends will be predicted by bystander efficacy (i.e., Bystander Efficacy Gay), awareness of IPV in relationships between men who are gay (i.e., No Awareness), feelings of responsibility to stop or prevent IPV (i.e., Taking Responsibility), a desire to gain knowledge or take action in regards to IPV prevention efforts (i.e., Action), and identifying as a female. For this analysis, the predictors included responses to the three subscales (i.e., No Awareness, Taking Responsibility, and Action) of the Readiness to Help Gay version instrument, gender, and Bystander Efficacy Gay. The criterion variable in this analysis was responses to the Intent to Help Friends Gay scale. When this analysis was conducted, the model was significant (p

$< .00$; $R^2 = .62$; $df = 5$; $F = 61.17$), predicting 62% of the variance in Intent to Help Friends (see Table 10).

After examining the overall model results, the standardized beta weights were examined to determine if any predictors made a significant contribution to the model. The predictors Bystander Efficacy Gay, Action (Readiness to Help Scale), and Taking Responsibility (Readiness to Help Scale), and gender were all found to be significant, with Bystander Efficacy Gay by far making the largest contribution.

Regression as Applied to Intent to Help Strangers (Gay)

A multiple regression analysis entering all predictors at the same time and a listwise deletion procedure were used to test the first hypothesis which stated that the degree of intent to help in IPV situations involving gay male strangers will be predicted by bystander efficacy (i.e., Bystander Efficacy Gay), awareness of IPV in relationships between men who are gay (i.e., No Awareness), feelings of responsibility to stop or prevent IPV (i.e., Taking Responsibility), a desire to gain knowledge or take action in regards to IPV prevention efforts (i.e., Action), and identifying as a female. For this analysis, the predictors included responses to the three subscales (i.e., No Awareness, Taking Responsibility, and Action) of the Readiness to Help Gay version instrument, gender, and Bystander Efficacy Gay. The criterion variable in this analysis was responses to the Intent to Help Strangers Gay scale. When this analysis was conducted, the model was significant ($p < .00$; $R^2 = .37$; $df = 5$; $F = 21.88$), predicting 61% of the variance in Intent to Help Friends (see Table 11).

Regression as Applied to Intent to Help Friends (Lesbian)

A multiple regression analysis entering all predictors at the same time and a listwise deletion procedure were used to test the first hypothesis which stated that the degree of intent to

help in IPV situations involving friends who are lesbian will be predicted by bystander efficacy (i.e., Bystander Efficacy Lesbian), awareness of IPV in relationships between lesbians (i.e., No Awareness), feelings of responsibility to stop or prevent IPV (i.e., Taking Responsibility), and a desire to gain knowledge or take action in regards to IPV prevention efforts (i.e., Action). For this analysis, the predictors included responses to the three subscales (i.e., No Awareness, Taking Responsibility, and Action) of the Readiness to Help Lesbian version instrument, gender, and Bystander Efficacy Lesbian. The criterion variable in this analysis was responses to the Intent to Help Strangers Lesbian scale. Since there were only 15 usable responses from male participants for these surveys, gender was excluded as a predictor variable in this analysis and only female respondents were used. When this analysis was conducted, the model was significant ($p < .00$; $R^2 = .64$; $df = 4$; $F = 30.13$), predicting 64% of the variance in Intent to Help Friends (see Table 12.

After examining the overall model results, the standardized beta weights were examined to determine if any predictors made a significant contribution to the model. The predictors Bystander Efficacy Lesbian, No Awareness (Readiness to Help Scale), and Taking Responsibility (Readiness to Help Scale) were all found to be significant, with Bystander Efficacy Lesbian making the largest contribution.

Regression as Applied to Intent to Help Strangers (Lesbian)

A multiple regression analysis entering all predictors at the same time and a listwise deletion procedure were used to test the first hypothesis which stated that the degree of intent to help in IPV situations involving strangers who are lesbian will be predicted by bystander efficacy (i.e., Bystander Efficacy Lesbian), awareness of IPV in relationships between lesbians (i.e., No Awareness), feelings of responsibility to stop or prevent IPV (i.e., Taking Responsibility), and a desire to gain knowledge or take action in regards to IPV prevention efforts (i.e., Action). For this

analysis, the predictors included responses to the three subscales (i.e., No Awareness, Taking Responsibility, and Action) of the Readiness to Help Lesbian version instrument, gender, and Bystander Efficacy Lesbian. The criterion variable in this analysis was responses to the Intent to Help Strangers Lesbian scale. Since there were only 15 usable responses from male participants for these surveys, gender was excluded as a predictor variable in this analysis and only female respondents were used. When this analysis was conducted, the model was significant ($p < .00$; $R^2 = .42$; $df = 4$; $F = 12.38$), predicting 42% of the variance in Intent to Help Strangers (see Table 13).

After examining the overall model results, the standardized beta weights were examined to determine if any predictors made a significant contribution to the model. The predictors Bystander Efficacy Lesbian and Action (Readiness to Help Scale) were both found to be significant, with Bystander Efficacy Lesbian making the largest contribution.

Discussion

IPV is stereotypically thought of as an issue in a heterosexual relationship, but recent research has shown that IPV occurs at similar and sometimes higher rates in the lesbian, gay, bisexual, and transgender (LGBT) community (NISVS, 2010; Turell, 2000). This research, conducted as part of the National Intimate Partner and Sexual Violence Survey, combined data concerning rape, physical violence and stalking to estimate a lifetime prevalence of IPV for adults in the U.S. (NISVS, 2010). It was estimated that 35% of heterosexual women, 43.8% of lesbians, and 61.1% of bisexual women will experience IPV in their lifetime. For men, the estimates were 29%, 26%, and 37.3% for heterosexual, gay, and bisexual men, respectively. Furthermore, it has been estimated in several studies that emotional abuse occurs in about 80% of same-sex relationships in which some form of IPV is reported (Turell, 2012). This is important because LGBT victims of IPV face unique challenges of seeking help when faced with

IPV, such as a fear of disclosing their sexual orientation or gender (Potter, Fountain, & Stapleton, 2012), and may be more likely to rely on friends as the first line or only form of support. In addition, these friends also may be bystanders to the violence (Sullivan, 2011), thus putting them in a unique position to help.

Bystander intervention programs on college campuses that teach students how to recognize and intervene in IPV have become a popular way to try and reduce IPV in undergraduate populations (Potter & Banyard, 2011). These programs use various pre and post measures to study the effectiveness of the intervention taught to students. The present study modified and tested the measures currently being used in bystander intervention program evaluation in order to apply them to same-sex IPV in an undergraduate population. Up until now these measures have been used in research regarding bystander interventions in heterosexual IPV (i.e., male perpetrator and female victim) on college campuses. In addition, these measures have been used to evaluate programs based on Latané and Darley's (1970) bystander model. Latané and Darley (1970) proposed a five-step decision model that bystanders go through to determine whether they should intervene. First, the bystander must notice the event. Second, the event must be interpreted as a situation that requires intervention. Third, the bystander must take personal responsibility for intervening and fourth, make the choice to intervene. Finally, the bystander must implement the intervention.

Guided by Latané and Darley's (1970) five-step bystander model, two hypotheses were tested in the current study to examine if the model could predict intentions to help in same-sex IPV situations. Previous research has found several predictors to be important to whether or not bystanders intervene in IPV. For example, higher bystander efficacy (i.e., feeling like one has the ability or skills to intervene in an IPV situation) and having a sense of awareness and

responsibility for preventing IPV has been found to be related to greater bystander intentions and actual bystander behaviors among college students (Banyard & Moynihan, 2011). In addition, the gender of the participant has been found to influence if someone intends to intervene, with women reporting greater intentions to help (Banyard & Moynihan, 2011). Based on these findings, two hypotheses were tested in this study. Note that the measures that correspond with each predictor are indicated in parentheses.

H1: The degree of intent to help (Intent to Help Friends Gay Scale and Intent to Help Strangers Gay Scale) in IPV situations involving gay men who are friends and who are strangers will be predicted by bystander efficacy (Bystander Efficacy Gay Scale), awareness of IPV (Awareness subscale of the Readiness to Help Scale) in relationships between men who are gay, feelings of responsibility (Taking Responsibility subscale of the Readiness to Help Scale), a desire to gain knowledge or take action (Action subscale of the Readiness to Help Scale) in regards to IPV prevention efforts, and identifying as a female.

H2: The degree of intent to help (Intent to Help Friends Lesbian Scale and Intent to Help Strangers Lesbian Scale) in IPV situations involving lesbians who are friends and who are strangers will be predicted by bystander efficacy (Bystander Efficacy Lesbian Scale), awareness of IPV (Awareness subscale of the Readiness to Help Scale) in relationships between lesbians, feelings of responsibility (Taking Responsibility subscale of the Readiness to Help Scale), a desire to gain knowledge or take action (Action subscale of the Readiness to Help Scale) in regards to IPV prevention efforts, and identifying as a female.

Before discussing the results obtained to test these hypotheses, a discussion of factor analyses and reliability analyses conducted to assess responses to the modified measures employed in this study will be presented.

The factor analyses conducted on the modified Readiness to Help Scale for both lesbians and gay men, revealed a similar factor structure as compared to the original measure. The original Readiness to Help Scale contained 36 items and three subscales; Action, Taking Responsibility, and No Awareness. The creation of this scale was informed by Prochaska and Diclemente's (1984) stages of change model and Latané and Darley's (1970) bystander model.

The original No Awareness subscale of the Readiness to Help Scale had 12 items that focused on denying that IPV was a problem or a problem that participants should be responsible for stopping (e.g., "I don't think there is much I can do about sexual abuse on this campus."). The modified No Awareness subscale for the current study that was revised to apply to gay men, only contained 3 items. These items may have been the only items to load on this factor due to how they were worded. Items 1-3 (which were the 3 that were retained on this factor) all had content that denied the problem of IPV (e.g., "I don't think intimate partner abuse in relationships between gay men is a problem on this campus."). These items were different from items 4-12, which were not retained on the modified scale but were found on the original scale. Items 4-12 were worded in such a way that indicated that IPV was a problem, but the participant believed there was not much they could do to stop it (e.g., "I don't think there is much I can do about gay men stalking other gay men on this campus."). The modified scale had a Cronbach's alpha coefficient of .94. The No Awareness subscale modified for lesbians had 12 items, like the original subscale. The modified scale for lesbians also had a Cronbach's alpha coefficient of .93.

Next, responses to the second subscale of the Readiness to Help scale, Taking Responsibility, were analyzed. The original Taking Responsibility subscale had 12 items that indicated a stage of contemplation on the part of the bystander. In other words, the bystander was thinking about learning more about IPV or felt like he or she may be able to do something about IPV (e.g., "I

think I can do something about intimate partner abuse.”). The modified Taking Responsibility subscale modified to apply to gay men contained 9 items that had also loaded on the original measure. The modified scale also had a Cronbach’s alpha coefficient of .95. Three items that were linked with the original subscale were dropped from the modified subscale and all of these were worded as, “I have not yet done anything to learn more about intimate partner abuse/sexual/stalking” as applied to gay men. In other words, these items fit better on the No Awareness subscale because they indicated a level of pre-contemplation (i.e., denial), not contemplation on the part of the participant. In fact, Banyard and colleagues (2014) initially intended for those items to load on the No Awareness subscale and later deleted them due to low factor loadings. They were included in the current study because they were found on the updated scales shared by Banyard and Moynihan (personal communication, April 8, 2014).

For the modified Taking Responsibility subscale for lesbians, there were only 6 items that loaded on this factor. All the items matched the original Taking Responsibility items. The items eliminated from the lesbian version of this scale included the same items mentioned for the gay version (e.g. ““I have not yet done anything to learn more about intimate partner abuse in relationships between lesbians.”). In addition, items worded “I think I can do something about sexual abuse/intimate partner abuse/stalking” among lesbians were also eliminated. It could be argued that these items actually represent the preparation stage, while the other items represent the contemplation stage. In fact, Banyard and colleagues (2014) noted that they put items that were originally developed for the preparation and contemplation stages on the Taking Responsibility subscale. Thus, the design of this subscale was an attempt by Banyard and colleagues to combine two different constructs. The modified versions of this subscale, however, seemed to eliminate the items that did not fit more directly with the contemplation stage of change.

Finally, responses to the last subscale of the Readiness to Help Scale, Action, were analyzed. The original Action subscale had 12 items that reflected the action stage of the stages of change (e.g., “I have recently attended a program about sexual abuse.”). The modified Action subscale as applied to gay men also had 12 items that match the original subscale items and a Cronbach’s alpha coefficient of .98. The modified Action subscale for lesbians also maintained the same 12 items and had a Cronbach’s alpha coefficient of .98.

Next, a factor analysis was conducted on responses to the modified versions of the Bystander Efficacy Scale. The factor analyses of responses to the Bystander Efficacy Gay and Lesbian scales resulted in the same factor structure of the original scale. All 18 original items, modified for each scale, were retained. The Cronbach’s alpha for both Bystander Efficacy Gay and Lesbian scales was .95.

Then, a factor analysis was conducted on responses to the modified versions of the Intent to Help scales. The factor analyses of responses to the Intent to Help scales modified for gay men and lesbians also yielded the same factor structure as the original scale. All 18 original items, modified for each scale, were retained. The two factors consisted of the subscale Intent to Help Friends and Intent to Help Strangers. The Cronbach’s alpha for the Intent to Help Friends and Intent to Help Stranger subscales modified to apply to gay men were both .93. The lesbian version of the Intent to Help Friends subscale had a Cronbach’s alpha of .95 and the Intent to Help Stranger subscale had a Cronbach’s alpha of .94.

Following the factor analyses, correlation analyses were conducted to examine the relationship between the targeted variables, which included responses to the Intent to Help Scale, Readiness to Help, Bystander Efficacy and gender. In addition, correlations between responses to these scales and participants’ age were performed to see if these responses varied by participants’ age. Gender

was not examined in the sample using the measures modified to apply to lesbians because a limited number of men completed these surveys.

Correlations analyses for the measures applied to gay men showed that as scores on the Action (Readiness to Help) subscale increased, so did scores scales on Taking Responsibility (Readiness to Help) subscale. In other words, it seemed that people who felt a responsibility to stop same-sex IPV were also more inclined to say they would take action to learn more about same-sex IPV or become a part of prevention efforts. There was also a positive relationship found between these two subscales for the measures applied to lesbians, but the finding was not significant. Further, there was a significant negative relationship between Taking Responsibility (Readiness to Help) and No Awareness (Readiness to Help) for both the measures applied to gay men and to lesbians. This means that as scores on Taking Responsibility decreased, scores increased on the No Awareness subscale. This finding suggested that participants who denied same-sex IPV were also less likely to have felt a personal responsibility to intervene in same-sex IPV.

Since the Readiness to Help scale was very recently developed and updated (i.e., Banyard et al., 2014), correlations from other studies were not available to compare with the present findings. The relationships between the subscales, No Awareness, Taking Responsibility, and Action, in the current study were congruent though with Prochaska and DiClemente's (1984) stages of change which the subscale items were modeled after (Banyard et al., 2014). The stages of change proposed by Prochaska and DiClemente included pre-contemplation, contemplation, preparation, action, maintenance, and relapse. People in the pre-contemplation stage were thought to lack awareness of a need to change and this most closely reflects the No Awareness (Readiness to Help) subscale. Contemplation was considered a stage of ambivalence and may include people who are

considering change, but delaying the change to the future (e.g., next week, next month, etc). The contemplation stage was not reflected in the Readiness to Help subscales.

The preparation stage of Prochaska and DiClemente's (1984) stages of change was most closely associated with the Taking Responsibility (Readiness to Help) subscale as it was the stage in which people planned to make a change or began to take little steps toward change. The Action (Readiness to Help) subscale most closely resembled the next level on the stages of change, the action stage, as this stage involves actually implementing and practicing a new behavior. Thus, it makes sense that responses to the Taking Responsibility and Action subscales were positively related, as people tend to first go through the preparation stage before taking concrete action. Furthermore, the negative relationship between responses to the No Awareness (Readiness to Help) and Taking Responsibility (Readiness to Help) subscales seemed logical, as people in the pre-contemplation stage do not believe change is needed and thus would have no reason to believe they are responsible to make a change in their behavior.

Further examination of the Readiness to Help Scale as applied to gay men and lesbians showed that as Taking Responsibility scores increased so did scores on the Intent to Help Friends, Intent to Help Strangers, and the Bystander Efficacy Gay and Lesbian scales. In other words, the participants who had a greater sense of responsibility for intervening in IPV also were more likely to indicate they would help in IPV situations. Again, these specific scales have not yet been used in published studies, but Burn (2009) found that if participants indicated that they felt less responsibility to intervene in IPV (e.g. "Even if I thought someone was at risk for being sexually assaulted, I would probably leave it up to others to intervene.") then they were also more likely to have less intention to help in various IPV situations (e.g., "To reduce sexual assault risk, I discourage my friends from going to a private location with a male acquaintance."). In addition,

Banyard and Moynihan (2011) found a significant positive relationship between feelings of responsibility and bystander efficacy demonstrating that as feelings of responsibility increased so did scores on the bystander efficacy measure.

Another significant finding in both samples, as applied to gay men and as applied to lesbians, was that as scores of Bystander Efficacy increased so did intentions to help friends and strangers. This finding matched Burn's (2009) result that indicated that women were less likely to have intentions to intervene in IPV situations if they were worried about not having the skills to help successfully. In addition, Banyard and Moynihan (2011) found that participants who had greater confidence in their skills indicated that they actually performed more bystander helping behaviors.

The results of the analyses used to test the hypotheses will be discussed next. The first hypothesis was analyzed using two different regression equations, one that used Intent to Help Friends Gay as the criterion variable and another regression that used Intent to Help Strangers Gay as the criterion variable. The predictors included Action (Readiness to Help Scale), Taking Responsibility (Readiness to Help Scale), Bystander Efficacy Gay, and gender. All together the predictors accounted for about 62% of the variance in intentions to help friends and the model was significant. Gender, Taking Responsibility (Readiness to Help Scale), Action (Readiness to Help Scale), and Bystander Efficacy Gay were all significant predictors. An analysis of the beta weights revealed that all the significant predictors except for Action (Readiness to Help Scale), were positively related to intentions to help friends and bystander efficacy had by far the largest beta weight at .72.

These results indicated that the greater participants' bystander efficacy or confidence that they could help and the stronger their feelings of responsibility to intervene (Taking Responsibility), the more likely they were to have stronger intentions to help in same-sex IPV

situations. Bystander Efficacy also has been found to be an important predictor of intentions to help IPV victims in previous research (Banyard, 2008; Banyard & Moynihan, 2011). Burn (2009) discovered that participants who did not have bystander efficacy were less likely to intervene in IPV situations. Bystander efficacy corresponds to step 4 in Latané and Darley's (1970) model, which is the step when the bystander must decide what to do (e.g., call 911, intervene directly). At this step, if bystanders do not believe they have the skills to intervene they will not help. Thus, the current results were consistent with past findings that indicated that the higher participants' bystander efficacy the greater their intentions to help or intervene in an IPV situation.

Feelings of responsibility to help (i.e., Taking Responsibility subscale linked with the Readiness to Help Scale) also predicted intentions to help. Taking Responsibility was a significant positive predictor in the Intent to Help Friends Gay and Lesbian regression models. It could be hypothesized that having a personal relationship with the victim (i.e., friendship) inherently instills more feelings of duty or responsibility for helping that person. In the current study, there was a positive significant correlation between the responses to the Taking Responsibility subscale and the Intent to Help Friends Scale Gay. In addition, the responses to Taking Responsibility subscale also were found to have a significant positive correlation to the responses to the Bystander Efficacy Gay Scale. This means that those participants who felt more responsibility to end same-sex IPV also had a greater intent to intervene in IPV situations involving gay friends and felt more confidence in their intervention abilities. It makes sense that feelings of responsibility to stop same-sex IPV were positively related to bystander efficacy, as the third step in Latané and Darley's (1970) model is to take responsibility to help, an assumption supported in other research (e.g., Moriarty, 1975).

Oddly though, participants who scored lower on the Action (Readiness to Help) subscale had higher intentions of helping. Moreover, the correlation analysis revealed that responses to the Action subscale and Intent to Help Friends scales were positively correlated, but this correlation was not significant. Thus, it could be interpreted that the construct measured by Action did not strongly relate to participants' actual intentions to intervene. For example, the items on the Action subscale were about attending programs and getting education about same-sex IPV prevention while the items on the Intent to Help Friends scale were direct ways a participant may intervene (e.g., "I ask a gay man who seems upset if he is okay or needs help."). The results of this study, therefore, seem to indicate that learning about same-sex IPV or becoming involved in broader prevention efforts did not predict participants' intentions to help in specific IPV situations. A similar finding was reported by Banyard, Eckstein, and Moynihan (2010), who tested an earlier version of the Readiness to Help Scale as part of a program evaluation of their Bringing in the Bystander program. The authors stated that responses to the Action subscale (Readiness to Help Scale) were not significantly related to responses to the other constructs measured in their study including efficacy, willingness to help, and knowledge of IPV. They noted that two thirds of the participants in their study indicated that they were "involved in projects to end sexual violence," but it was unclear exactly what these projects were and if the participants were actively seeking out this involvement on their own. Thus, greater scores on the Action subscale items did not seem to truly capture if participants were in the action stage of change, which individuals would be expected to be if they were also willing to help as a bystander to IPV. The same conclusion could be made from the current study's results; responses to the Action subscale did not seem to be the best indicator of what experiences or activities made participants ready to be an active bystander.

Finally, gender had a small, but significant positive beta weight of .09, indicating that females reported higher scores on the Intentions to Help Friends scale. This result matches similar findings found by Banyard and Moynihan (2011) when they evaluated a college bystander intervention. In their study, women indicated greater intentions to intervene in IPV situations as well as reported more actual helping behaviors as compared to the men surveyed. In addition, Burn (2009) found that women were more likely to indicate they would intervene in an IPV situation if the victim were a friend.

The second regression used Intent to Help Strangers Gay as the criterion variable. Bystander Efficacy Gay, Action, and gender were all positive significant predictors. Thus, having more bystander efficacy, higher scores on the Action subscale, and being female were related to higher scores on Intent to Help Strangers Gay. Unlike the negative relationship between responses to the Action subscale and Intent to Help Friends found in the first regression, there was a positive relationship between responses to the Action subscale and Intent to Help Strangers scale, with increased scores on the Action subscale predicting higher intention scores. Thus, it could be concluded that being actively involved in prevention efforts prompted these participants to at least believe they would intervene if they witnessed same-sex violence between gay men. As stated previously, bystander efficacy has consistently found to be related to intentions to help in past research (Banyard, 2008; Banyard & Moynihan, 2011; Burn, 2009). Furthermore, bystander efficacy was again the strongest predictor with a beta weight of .72.

Unlike past research though, in current study, there was a link between Action (Readiness to Help) and intentions to help, specifically intentions to help strangers. As stated earlier, Banyard and colleagues (2010) did not find responses to an earlier version of the Action (Readiness to Help Scale) subscale to be a significant factor in their program evaluation of a bystander

intervention program. They noted, however, that further research was needed to understand why this was the case.

There are a variety of reasons one could speculate why Action (Readiness to Help Scale) was positively related to intentions to help strangers, but negatively related to intentions to help friends. First, it could be hypothesized that those who scored higher on Action (Readiness to Help Scale) are more activist oriented participants and thus more likely to not only help friends in trouble, but also strangers. Second, recognizing and intervening in IPV between strangers may involve more practice and experience with intervention efforts. It is more difficult to guess why lower Action (Readiness to Help Scale) scores were predictive of intentions to help friends. One possibility is that some people may feel committed to helping a friend regardless of how involved they are in IPV prevention efforts. Furthermore, since there is little same-sex IPV education out there, maybe many participants scored low on the Action (Readiness to Help Scale) scale, but were still very willing to help friends who were victims of IPV.

Finally, as previously reviewed, women have been found to report more intentions to help in IPV situations and to display more intervention behaviors (Banyard & Moynihan, 2011). In addition, some research has found that women score lower on rape myth acceptance scales (Banyard & Moynihan, 2011), thus women may be more likely to recognize IPV occurring among strangers and be willing to help. For example, one study involving vignettes (Ford, Liwag-McLamb, & Foley, 1998) found that women were more likely to define non-consensual sex between lesbians as rape as compared to men. Thus, it is not surprising that being female was a positive predictor in predicting both Intent to Help Friends Gay and Intent to Help Strangers Gay.

Two regressions were also performed to test the second hypotheses. One regression used Intent to Help Friends Lesbian as the criterion variable and another that used Intent to Help Strangers Lesbian as the criterion variable. The predictor variables were the same ones entered to test the first hypothesis minus gender because there were not enough male participants in the sample. With all the predictors entered, the model for Intent to Help Friends Lesbian accounted for 64% of the variance. Taking Responsibility (Readiness to Help Scale) and Bystander Efficacy Lesbian were both significant positive predictors and No Awareness (Readiness to Help Scale) was a significant negative predictor of intentions to help friends. Once again, the significance of bystander efficacy in this model fits with previous research (Banyard, 2008; Banyard & Moynihan, 2011; Burn, 2009), as does the positive relationship between responses to the Taking Responsibility subscale and intentions to help (e.g., Moriarty, 1975). Furthermore, bystander efficacy had the largest beta weight at .57, while the other two significant predictors had beta weights of .20.

Interestingly, responses to the No Awareness subscale (Readiness to Help Scale) were only a significant predictor in this model. The significance of No Awareness meant that as awareness of lesbian IPV increased, intentions to help also increased. Research by Banyard (2011) also found a relationship between less denial of IPV and increased intentions to help. Furthermore, having awareness is the first step to intervention according to Latané and Darley's (1970) bystander model. The design of the current study does not lend itself to an interpretation of why No Awareness was significant in Intentions to Help Lesbian and not other regression equations. It could be hypothesized though that college students have less awareness and knowledge regarding IPV among lesbians and possessing this awareness is an important pre-cursor to deciding to intervene. For example, Turell (2012) interviewed lesbians who talked about the

myths that a relationship between two females is egalitarian and that women are not violent. If college students in the current study also believed these myths, then they were probably less likely to have recognized IPV between lesbians.

Lastly, Bystander Efficacy Lesbian and Action were both significant positive predictors of Intent to Help Strangers Lesbian and accounted for 42% of the variance. These results reflected the same significant predictors that were found in the Intent to Help Strangers Gay regression except for gender, which was not included in this analysis.

Overall, bystander efficacy was a strong and significant predictor in all of the models. Furthermore, when predicting intentions to help friends, Taking Responsibility was a significant predictor for both friends that are gay and lesbian. This finding may indicate that participants felt a responsibility to help their friends who were in IPV situations, but not the same sense of responsibility when it came to strangers. Burn (2009) found similar results as men in his study reported they were more likely to intervene in the IPV if the perpetrator was a friend and women said they were more likely to intervene if the victim was a friend (i.e., It should be noted that in Burn's study it was assumed that perpetrators were male and victims were female. In addition, male and female participants were asked to only comment on how they would react to the person of their same sex in the scenario. Thus, women only indicated whether they would help the victim, and men only indicated if they would stop the perpetrator). Finally, Action was a significant positive predictor in both models (i.e., gay and lesbian) that predicted intentions to help strangers. This finding could have meaningful implication for IPV bystander training programs as the current results seem to indicate that being involved in IPV prevention efforts have a positive impact on participants' intentions to help strangers.

One predictor that was not significant in most of the models tested in the current project was No Awareness (Readiness to Help Scale). It was only a significant predictor in the Intent to Help Friends Lesbian model. Items on this subscale focused on denying the problem of same-sex IPV as well as indicating that doing something about same-sex IPV was not the responsibility of the participant. These items were similar to what Banyard (2011) measured on a scale called Denial. She found significant results showing that less denial was significantly related to intentions to help in IPV situations. Thus, in the current study, it was not surprising that No Awareness did not significantly predict intentions to help as in past research it was negatively related to helping intentions. It is unknown why it was not an important predictor across the regression models, but it could be hypothesized that it is more important to not only have awareness of IPV, but to have efficacy (i.e., Bystander Efficacy) and experience with how to intervene (i.e., Action).

Strengths, Limitations, and Future Research

There are several strengths associated with the current study. First, it is believed that this study is the first of its kind to modify existing IPV bystander intervention measures to apply to IPV in lesbian and gay relationships. Furthermore, results demonstrated that the modified measures showed similar factor structures to the original scales and all the scales in the current study were found to have high reliability. Thus, it appears possible that future researchers may be able to utilize these modified measures as evaluation tools for programs focused on teaching college students about same-sex IPV.

Second, this research extended the already growing literature on bystander intervention in an undergraduate population by applying it to same-sex IPV. More specifically, predictors of intentions to intervene in same-sex IPV were examined and it was found that overall, bystander efficacy was an important predictor in all of the regression models. These initial findings should

not only be further explored in future research, but also potentially used to design bystander intervention programs focused on same-sex IPV.

In terms of design, the study controlled for order effects by randomly ordering when the participants completed each measure. In addition, the participants were randomly assigned to either answer the surveys as they were modified for gay men or for lesbians. By doing this, unique responses were obtained for each experimental condition.

Although this study provided a first step in examining bystander intervention as it applies to same-sex IPV, there are several limitations that warrant caution when interpreting the results. First, although the participants were randomly assigned to answer the measures pertaining to IPV in lesbian or gay relationships, the sample was small and one of convenience collected at only one large, mid-west university. Thus, the sample was not random or representative of the undergraduate population of the U.S. More data would need to be collected across a broader range of universities to understand if the results of the present study match trends in undergraduates across the nation. In addition, this study relied on self-report measures only. Self-report scales have the potential weakness of lacking accuracy as a participant's responses may be tainted by social desirability or inaccurate memory when attempting to report past events (Heppner, Wampold, & Kivlighan, 2008). Furthermore, the surveys were completed on-line, thus there was no control over where and how the surveys were completed. Although internet based surveys provide the strength of being easily distributed to a large number of people, participants may not complete the surveys in the most desirable conditions (e.g. places where they may be distracted).

Second, although the study modified psychometrically sound surveys currently used in the IPV bystander literature, the modified measures may not have captured concepts unique to same-

sex IPV. For example, one emotionally abusive tactic a perpetrator may use in a same-sex relationship is to threaten to “out” (i.e., disclose to people that the person is gay) in order to control his/her partner (Brown & Groscup, 2009; Turrell et al., 2012). Such items were not included in the modified scales used in this study.

Thirdly, there were not enough male participants who answered the measures applied to lesbian relationships and thus the predictor of gender could not be analyzed to test the second hypothesis. In addition, the majority of the sample identified as heterosexual and thus the analyses were only conducted on heterosexual and also mostly white/Caucasian, Christian participants. The homogeneity of the sample further limits the interpretation of the results as a study on a more diverse population (e.g., more variability in race/ethnicity, sexual orientation, and religion) may have yielded different results. Furthermore, the role of a participant’s sexual orientation as it relates to bystander intervention has not yet been examined in the literature. As the current study focused on already established predictors in the literature to see how they apply to intentions to help in same-sex IPV, future research could expand on the current findings by adding sexual orientation as a predictor variable.

Finally, the study did not examine statistical group comparisons and so differences between the intent to help friends models and intent to help stranger models are only speculation. Finally, some research has shown that predictors of intentions to help differs from the predictors of actual bystander behavior (Banyard & Moynihan, 2011). Thus, future research should also consider adding a measure of actual bystander behavior in order to explore which factors seem to have the most influence on bystanders actually following through on an intervention.

In addition, future research should aim to strengthen the modified measures by testing them on a larger, more diverse sample in order to examine if the measures’ reliability remains

high. Furthermore, the measures should be evaluated for content validity by having experts on same-sex IPV or people who have experienced same-sex IPV provide feedback on the content of the measures, especially the Intentions to Help Scale, which describes specific IPV situations.

Implications for Counseling Psychologists and Conclusion

This study represents a first attempt at modifying existing IPV bystander intervention measures to apply to same-sex IPV as well as an initial examination of what predictors are most important when determining a participant's intentions to intervene in a same-sex IPV situation. The results demonstrated that existing IPV bystander intervention measures could be modified to apply to same-sex IPV and still possess high reliability. Depending on the results of future studies, these measures may prove useful when evaluating bystander intervention education programs focused on same-sex intervention.

Overall, the strongest predictor of intentions to help for both IPV involving lesbians and gay men as well as for both friends and strangers was bystander efficacy. The role of bystander efficacy has been correlated to intentions to help in past research focused on heterosexual IPV (Banyard, 2008; Banyard & Moynihan, 2011; Burn, 2009). In addition, feeling as though one has the skills to help is also an important step in Latané and Darley's (1970) bystander model.

Thus, counseling psychologists interested in IPV prevention and bystander intervention work are encouraged to expand future bystander intervention programs designed to increase intentions to help in same-sex IPV by considering ways in which they can increase participants' efficacy (e.g., role plays, providing specific intervention techniques, etc). In addition, feelings of responsibility to stop same-sex IPV, awareness of same-sex IPV, and being involved in same-sex IPV prevention efforts or programs were also significant predictors, although not consistently significant in all the models that were examined. Thus, future studies should aim to expand upon

this research and better understand what predictor variables best account for intentions to intervene when it is a lesbian friend or stranger in need of help versus a gay man.

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Appendix A - Tables

Table 1: Final Factor Analysis of Intent to Help Gay Scale*

Item #	Item	Factor Loadings	
		One	Two
1	Here to help if in abusive relationship (friend)	<u>.79</u>	.14
2	Here for help if sexually assaulted (friend)	<u>.80</u>	.14
3	Ask if he is ok and needs help	<u>.76</u>	.18
4	Express concern for unwanted sexual experience	<u>.83</u>	.18
5	Express concern to gay man w/ bruises	<u>.80</u>	.18
6	Check in on gay man who looks intoxicated	<u>.68</u>	.39
7	See a gay man who looks uncomfortable	<u>.74</u>	.25
8	See couple in heated argument	<u>.76</u>	.23
9	Partner shoving or yelling	<u>.78</u>	.19
10	Drink may have been spiked	<u>.71</u>	.17
11	Talk with people about IPV	.17	<u>.82</u>
12	Talk with people about leaving together	.17	<u>.78</u>
13	Talk with people about watching drinks	.23	<u>.76</u>
14	Talk with people about warning signs of IPV	.17	<u>.86</u>
15	Express concern for partner trying control	.30	<u>.79</u>
16	Share information about IPV	.18	<u>.87</u>
17	Here to help if in abusive relationship (stranger)	.22	<u>.84</u>
18	Here for help if sexually assaulted (stranger)	.28	<u>.82</u>
Eigenvalue		8.92	3.12
Variance Explained		49.56	17.32
Cronbach's alpha		.93	.93

*Principle components analysis with a varimax rotation

Table 2: Final Factor Analysis of Readiness to Help Lesbian Scale*

Item #	Item	Factor Loadings		
		One	Two	Three
1	Sexual abuse is not a problem	-.06	<u>.62</u>	-.02
2	IPV is not a problem	.05	<u>.65</u>	-.09
3	Stalking is not a problem	.01	<u>.56</u>	-.08
4	Can't do much about sexual abuse	-.04	<u>.77</u>	-.14
5	Can't do much about IPV	-.03	<u>.78</u>	-.12
6	Can't do much about stalking	-.02	<u>.75</u>	-.06
7	No need to think sexual abuse	-.08	<u>.82</u>	-.19
8	No need to think about IPV	-.04	<u>.82</u>	-.27
9	No need to think about stalking	-.09	<u>.84</u>	-.24
10	Sexual abuse job of victim services	.18	<u>.76</u>	-.08
11	IPV job of victim services	.24	<u>.75</u>	-.07
12	Stalking job of victim services	.22	<u>.74</u>	-.04
13	I think I should learn about sexual abuse	.12	-.08	<u>.88</u>
14	I think I should learn about IPV	.08	-.11	<u>.93</u>
15	I think I should learn more about stalking	.16	-.11	<u>.92</u>
22	Learn more about sexual abuse	.15	-.30	<u>.87</u>
23	Learn more about IPV	.15	-.30	<u>.87</u>
24	Learn more about stalking	.15	-.28	<u>.88</u>
26	Attended program about IPV	<u>.89</u>	-.02	.07
25	Attended program about sexual abuse	<u>.85</u>	.04	.08
27	Attended program about stalking	<u>.89</u>	.05	.08
28	Projects to deal with sexual abuse	<u>.96</u>	.02	.09
29	Projects that deal with IPV	<u>.91</u>	.01	.09
30	Projects to deal with stalking	<u>.93</u>	.11	.02
31	Projects to stop sexual abuse	<u>.95</u>	.03	.08
32	Projects to end IPV	<u>.94</u>	-.01	.06
33	Projects to stop stalking	<u>.94</u>	.03	.02
34	Involved in efforts to stop sexual abuse	<u>.90</u>	-.03	.12
35	Involved in efforts to end IPV	<u>.90</u>	.01	.18
36	Involved in efforts to end stalking	<u>.90</u>	.06	.15
Eigenvalue		12.24	8.98	3.96
Variance Explained		34.01	24.94	11.01
Cronbach's alpha		.98	.93	.96

*Principle components analysis with a varimax rotation

Table 3: Final Factor Analysis of the Bystander Efficacy Gay Scale*

Item #	Item	Factor Loadings
1	Concern about joke about a gay man's body	.71
2	Discomfort is someone blames victims	.69
3	Hear someone in my dorm yelling "help"	.52
4	Suspect friend in abusive relationship	.76
5	Get resources for friend who was raped	.74
6	Ask stranger if ok or needs help	.72
7	Ask if friend needs to be walked home	.65
8	Ask if stranger needs to be walked home	.57
9	Speak up in class if misinformation	.72
10	Criticize sex without consent	.69
11	Help drunk gay man being brought upstairs	.80
12	Help a gay man surrounded by group	.83
13	Help if hear of an abusive relationship	.80
14	Tell RA about sexual assault	.80
15	Speak up against forcing sex	.87
16	Speak up against nonconsensual sex	.88
17	Speak up against excuses for physical force	.88
18	Speak up against calling name or swearing	.85
Eigenvalue		10.24
Variance Explained		56.88
Cronbach's alpha		.95
*Principle components analysis with a varimax rotation		

Table 4: Final Factor Analysis of the Bystander Efficacy Lesbian Scale*

Item #	Item	Factor Loading
1	Concern about joke about a lesbian's body	.72
2	Discomfort is someone blames victims	.71
3	Hear someone in my dorm yelling "help"	.45
4	Suspect friend in abusive relationship	.81
5	Get resources for friend who was raped	.77
6	Ask stranger if ok or needs help	.70
7	Ask if friend needs to be walked home	.78
8	Ask if stranger needs to be walked home	.72
9	Speak up in class if misinformation	.66
10	Criticize sex without consent	.74
11	Help drunk lesbian being brought upstairs	.77
12	Help lesbian surrounded by group	.78
13	Help if hear of an abusive relationship	.81
14	Tell RA about sexual assault	.73
15	Speak up against forcing sex	.87
16	Speak up against nonconsensual sex	.87
17	Speak up against excuses for physical force	.86
18	Speak up against calling name or swearing	.78
Eigenvalue		10.32
Variance Explained		57.35
Cronbach's alpha		.95

*Principle components analysis with a varimax rotation

Table 5: Final Factor Analysis of Intent to Help Gay Scale*

Item #	Item	Factor Loadings	
		One	Two
1	Here to help if in abusive relationship (friend)	<u>.79</u>	.14
2	Here for help if sexually assaulted (friend)	<u>.80</u>	.14
3	Ask if he is ok and needs help	<u>.76</u>	.18
4	Express concern for unwanted sexual experience	<u>.83</u>	.18
5	Express concern to gay man w/ bruises	<u>.80</u>	.18
6	Check in on gay man who looks intoxicated	<u>.68</u>	.39
7	See a gay man who looks uncomfortable	<u>.74</u>	.25
8	See couple in heated argument	<u>.76</u>	.23
9	Partner shoving or yelling	<u>.78</u>	.19
10	Drink may have been spiked	<u>.71</u>	.17
11	Talk with people about IPV	.17	<u>.82</u>
12	Talk with people about leaving together	.17	<u>.78</u>
13	Talk with people about watching drinks	.23	<u>.76</u>
14	Talk with people about warning signs of IPV	.17	<u>.86</u>
15	Express concern for partner trying control	.30	<u>.79</u>
16	Share information about IPV	.18	<u>.87</u>
17	Here to help if in abusive relationship (stranger)	.22	<u>.84</u>
18	Here for help if sexually assaulted (stranger)	.28	<u>.82</u>
Eigenvalue		8.92	3.12
Variance Explained		49.56	17.32
Cronbach's alpha		.93	.93

*Principle components analysis with a varimax rotation

Table 6: Final Factor Analysis of Intent to Help Lesbian Scale*

Item #	Item	Factor Loadings	
		One	Two
1	Here to help if in abusive relationship (friend)	<u>.80</u>	.25
2	Here for help if sexually assaulted (friend)	<u>.79</u>	.26
3	Ask if he is ok and needs help	<u>.76</u>	.21
4	Express concern for unwanted sexual experience	<u>.86</u>	.21
5	Express concern to gay man w/ bruises	<u>.85</u>	.18
6	Check in on gay man who looks intoxicated	<u>.71</u>	.32
7	See a gay man who looks uncomfortable	<u>.77</u>	.24
8	See couple in heated argument	<u>.81</u>	.17
9	Partner shoving or yelling	<u>.82</u>	.01
10	Drink may have been spiked	<u>.80</u>	.03
11	Talk with people about IPV	.13	<u>.81</u>
12	Talk with people about leaving together	.12	<u>.78</u>
13	Talk with people about watching drinks	.20	<u>.81</u>
14	Talk with people about warning signs of IPV	.10	<u>.85</u>
15	Express concern for partner trying control	.23	<u>.81</u>
16	Share information about IPV	.13	<u>.89</u>
17	Here to help if in abusive relationship (stranger)	.21	<u>.84</u>
18	Here for help if sexually assaulted (stranger)	.30	<u>.79</u>
Eigenvalue		8.90	3.67
Variance Explained		49.46	20.40
Cronbach's alpha		.95	.94

*Principle components analysis with a varimax rotation

Table 7: Correlations Between Age and Responses to Intent to Help Scales

	Gay Version	Lesbian Version
Intent to Help Friends	-.02	-.10
Intent to Help Strangers	.02	.05

Note. All correlations were not significant ($p > .05$).

Table 8. Correlations Between the Responses to the Measures Applied to Gay Men

	Taking Responsibility (Readiness to Help)	No Awareness (Readiness to Help)	Intent to Help Friends	Intent to Help Strangers	Bystander Efficacy Gay	Age	Gender
Action (Readiness to Help Scale)	.28**	-.03	.01	.36**	.08	.08	-.12
Taking Responsibility (Readiness to Help Scale)		-.26**	.48**	.42**	.51**	.03	-.31**
No Awareness (Readiness to Help)			-.12	-.14	-.16**	-.08	.12
Intent to Help Friends				.50**	.78*	-.02	-.24**
Intent to Help Strangers					.52**	.10	-.14*

*Significant at the .05 level (2-tailed); ** Significant at the .01 level (2-tailed).

Note: Action, Taking Responsibility, and No Awareness are the subscales on the Readiness to Help Measure

Table 9. Correlations Between Responses to the Measures Applied to Lesbians

	Taking Responsibility (Readiness to Help)	No Awareness (Readiness to Help)	Intent to Help Friends	Intent to Help Strangers	Efficacy	Age
Action	.05	.24*	.15	.35*	.09	-.05
Taking Responsibility		-.37**	-.49**	-.27**	-.52	.06
No Awareness			.43**	.40**	.35	.02
Intent to Help Friends				.42**	.68**	-.10
Intent to Help Strangers					.38**	.05
Efficacy						.01

*Significant at the .05 level (2-tailed); ** Significant at the .01 level (2-tailed).

Note: Action, Taking Responsibility, and No Awareness are the subscales on the Readiness to Help Measure

Table 10. Multiple Regression Analysis Predicting Intent to Help Friends from Readiness to Help, Bystander Efficacy Gay, and Gender

Predictor	Standardized Beta Weight	Standard Error	t	Prob > F
Action (Readiness to Help Scale)	-.11*	2.12	-2.44	.02
Taking Responsibility (Readiness to Help Scale)	.12*	.58	2.09	.04
No Awareness (Readiness to Help Scale)	.05*	.38	1.16	NS
Bystander Efficacy Gay Scale	.72**	.00	13.77	.00
Gender	.09*	.99	-.09	.05

Note. Analysis is based on 191 cases. For the equation $R^2 = .62$. NS = non-significant, *indicates significance at the .05 level and **indicates significance at the .00 level.

Table 11. Multiple Regression Analysis Predicting Intent to Help Strangers from Readiness to Help, Bystander Efficacy Gay, and Gender

Predictor	Standardized Beta Weight	Standard Error	t	Prob > F
Action (Readiness to Help Scale)	.30**	.73	4.91	.00
Taking Responsibility (Readiness to Help Scale)	.10	.65	1.33	NS
No Awareness (Readiness to Help Scale)	-.10	.48	-.10	NS
Bystander Efficacy Gay Scale	.44**	.00	6.47	.00
Gender	.09*	.99	-.09	.05

Note. Analysis is based on 192 cases. For the equation $R^2 = .37$. NS = non-significant, *indicates significance at the .05 level and **indicates significance at the .00 level.

Table 12. Multiple Regression Analysis Predicting Intent to Help Friends from Readiness to Help, and Bystander Efficacy Lesbian

Predictor	Standardized Beta Weight	Standard Error	t	Prob > F
Action (Readiness to Help Scale)	.02	1.34	.22	NS
Taking Responsibility (Readiness to Help Scale)	.20	.79	2.46	.02
No Awareness (Readiness to Help Scale)	-.20*	1.05	-2.38	.02
Bystander Efficacy Lesbian Scale	.57**	.00	6.57	.00

Note. Analysis is based on 74 cases. For the equation $R^2 = .64$. NS = non-significant, *indicates significance at the .05 level and **indicates significance at the .00 level.

Table 13. Multiple Regression Analysis Predicting Intent to Help Strangers from Readiness to Help, and Bystander Efficacy Lesbian

Predictor	Standardized Beta Weight	Standard Error	t	Prob > F
Action (Readiness to Help Scale)	.33**	1.31	3.56	.00
Taking Responsibility (Readiness to Help Scale)	.20	.82	1.90	NS
No Awareness (Readiness to Help Scale)	.13	1.09	1.20	NS
Bystander Efficacy Lesbian Scale	.48**	.00	4.35	.00

Note. Analysis is based on 74 cases. For the equation $R^2 = .42$. NS = non-significant, *indicates significance at the .05 level and **indicates significance at the .00 level.

Appendix B – Extended Literature Review and References

The following literature review expands upon the literature presented in the introduction by providing a more in-depth synthesis of the research and theory regarding the role of informal social support in IPV intervention, pro-social behavior, the bystander model and how it relates to IPV, and perceptions of same-sex IPV and bystander intervention.

Social Support

The current study focused on bystanders who are considered informal social support to IPV victims since previous research has found that LGBT victims of IPV are more likely to rely on family and friends for support (e.g., Turell, 1999; Turell, 2012) as opposed to formal resources like counseling centers or the police. This section expands upon the benefits of informal social support. Not only are informal social support networks a popular route to get help for many victims of IPV, this support also has been shown to mitigate the harmful impact IPV has on the well-being of survivors. For example, social support is related to lower suicide risk, and less mental health difficulties. (Adkins & Kamp Dush, 2010; Kaslow, Thompson, Brooks, & Twomey, 2000; Thompson et al., 2000). In addition, there is some evidence to suggest that social support helps women gain the insight that the abuse is not their fault and help them gain confidence that they can successfully handle the situation, which reduces feelings of helplessness (Carlson, McNutt, Choi, & Rose, 2002; Kocot & Goodman, 2003). Family and friends also may give survivors practical ways to deal with the abuse (Coker, Watkins, Smith, & Brandt, 2003) and provide them with accurate information about their options (Rose, Campbell, & Kub, 2000). Additionally, longitudinal studies on female victims have highlighted the finding that survivors with less social support were more likely to experience ongoing abuse or re-abuse over time

(Bybee & Sullivan, 2005; Goodman, Dutton, Vankos, & Weinfurt, 2005). Again, most of this literature addresses social support for women in heterosexual IPV relationships, but based on the reliance of family and friends by LGBT victims there is good reason to expect that some of these same benefits could apply to victims in same-sex relationships.

It should be noted that negative reactions toward female victims of IPV from informal social support networks can decrease a survivor's well-being and increase risk of re-abuse (Bybee & Sullivan, 2005; Goodkind, Gillum, Bybee, & Sullivan, 2003). For example, friends and family members may fail to understand or express sympathy to the victim, fear for their own livelihood and thus not offer help, or blame the victim for the abuse. In addition, informal sources of social support may try to encourage the victim to leave before they are ready or try to get them to stay in order to preserve the family (Goodkind, Gillum, Bybee, & Sullivan, 2003; Kocot & Goodman, 2003; Trotter & Allen, 2009). Nevertheless, even with these possible negative reactions, Goodman and Smyth (2011) argued that overall as the number of informal social support people increases for victims, so do their options for safety and well-being. Although this research mostly applies to investigations involving heterosexual female victims it has been found that LGBT victims rely on informal social support as well, so these benefits and pitfalls to informal support also may be applicable to their situations.

Pro-social Behavior

In addition to understanding the role of social support, the current study also relied on social psychological theories of pro-social behavior when hypothesizing what may influence people to intervene in same-sex IPV. Social psychologists have been studying pro-social behavior since the mid-1960s (Dovidio, Piliavin, Schroeder, & Penner, 2006) and they have provided a plethora of research that attempts to explain what factors influence individuals to help

others in emergency and non-emergency situations. Dovidio and colleagues (2006) stated that pro-social behavior is a label for a broad range of actions defined by society as generally beneficial both to other people and the ongoing political system. This means that pro-social behavior is interpersonal by nature and thus involves a benefactor and at least one recipient of help. In addition, the behavior is culture bound, which means what is seen as pro-social in one society may not be seen as such in another. Finally, pro-social behavior also can be divided into the three subcategories of helping, altruism, and cooperation. The current study focused on the pro-social behavior of helping, which is defined as providing a benefit or improving the well-being of another (Dovidio et al., 2006).

Within the research on helping, there has been a specific interest in studying the helping behavior of bystanders. Bystanders are individuals not directly involved in the situation as a victim or perpetrator, but who are witness to the situation and thus can choose how to respond or not respond (e.g., supporting the victim or perpetrator or ignoring the situation; Banyard, 2011). Researchers have been trying to understand under what circumstances (e.g., emergencies versus non-emergencies) and what combination of variables (e.g., gender, number of people present, etc.) influences bystanders to help or not help.

The Bystander Model and IPV

One model of pro-social behavior that has been developed to explain helping is Latané and Darley's (1970) five-step decision model. This model outlines five-steps the bystander must go through before deciding whether or not to intervene. First, the bystander must notice the event. Second, the event must be interpreted as a situation that requires intervention. Third, the bystander must take personal responsibility for intervening and fourth, make the choice to intervene. Finally, the bystander must implement the intervention.

Although Latané and Darley (1970) developed the model to understand how people respond in emergency situations in which immediate help is needed, the model also has been applied to a variety of non-emergency situations, including IPV (Burn, 2009). Latta and Goodman (2011) found similar steps as to what Latané and Darley (1970) outlined in their 5-step model when they interviewed family and friends of heterosexual women who were involved in an abusive relationship. Through grounded theory methodology the researchers discovered themes that outlined how the participants decided to provide support to victims. Based on their findings, Latta and Goodman proposed a three step fluid model of how bystanders defined their role in these IPV situations.

The first step in Latta and Goodman's (2011) model is becoming aware of the abuse. The second step is developing a narrative surrounding the abuse. This includes gathering more details about the IPV such as the level of violence and if substances are involved. It also may include taking into account how they (i.e., bystanders) are related to the victim and the perpetrator. The third step is taking action and was characterized by both periods of engagement and disengagement with the victim according to the participants interviewed.

Latta and Goodman (2011) also asked what sort of action participants took when deciding to engage with victims of IPV. The most popular form of support offered by the informal social network members was providing the victim with resources such as offering childcare or helping her find a safe place to stay. Interestingly, besides providing information about a shelter, family and friends did not indicate referring victims to formal agencies for support and the authors suggested this was due to a lack of knowledge regarding these resources. Other ways that participants (i.e., family and friends) helped included providing emotional support, listening to the victims wishes, strategic planning, encouraging the victim to leave,

helping the victim to define the situation as abuse, engaging the perpetrator in ways that helped them stay in a relationship with the victim, involving others to try and intervene, and physically breaking up the violence themselves (Latta & Goodman, 2011). This research provides qualitative evidence to suggest that informal social support members go through a similar process as described by Latané and Darley's (1970) model when they are deciding whether or not to intervene in an IPV situation.

Perceptions of IPV in Same-Sex Relationships and Bystander Intervention

Another factor that may influence a bystander's decision to intervene in same-sex IPV is their perception of the violence (i.e., step 1 and 2 of the model). Several studies have used hypothetical vignettes to gauge participants' perceptions of IPV as well as ask participants what should be done in response to the IPV situation and how they personally would (hypothetically) respond to the situation themselves. In one such study, Seelau, Seelau, and Poorman (2003) presented 252 undergraduates with scenarios depicting IPV. Participants received one of the four scenarios, which varied the sex of the perpetrator and the victim (i.e., male-male, female-male, male-female, female-female).

Results indicated that participants rated the violence to be more serious when the victim was a woman than when the victim was a man (Seelau, et al, 2003). More specifically, there was a significant victim sex by perpetrator sex interaction that showed that male against female violence was rated significantly more serious than male against male violence. The serious ratings did not significantly vary in the female against female and female against male scenarios.

Participants also were asked to give their recommendations on how someone should respond to the situation (Seelau, et al, 2003). The most popular response was to leave the couple alone (40%), followed by call an IPV hotline (27%), have friends or neighbors intervene (19%),

and call the police (14%). Men were more likely than women to recommend leaving the couple alone.

Oddly, although the most popular recommendation was to leave the couple alone, when asked what they would personally do if presented with the scenario in real life the majority of respondents said they would try and talk to the couple (55%), followed by call the police (21%), do nothing (14%), and call a hotline (2%) (Seelau, et al, 2003). Thus, it is interesting to note that it appears that when personal responsibility is placed on the respondent intervention recommendations changed from doing nothing to talking to the couple. This reflects step 3 and 4 of Latané and Darley's (1970) model that says that a bystander must take personal responsibility and then choose how they will intervene before an intervention is attempted.

A similar study with undergraduates (N = 192) used the same scenarios (Seelau and Seelau, 2005) and yielded similar results regarding responses. Although this time recommendations of what someone should do to intervene varied by the sex of the dyad. The majority of participants favored systemic intervention (i.e., call police or hotline, 60.4%) when it was male against female violence. For all other dyads (e.g., male against male, etc.) the majority of participants said leave the couple alone (51.3%), followed by call police or hotline (36.3%), and involve family and friends (12.5%). Once again though, when asked what they would personally do, regardless of the victim's sex, respondents stated they would try and talk to the couple. These results again suggest that personal responsibility may be an important step a bystander needs to take before intervening in a situation and that this step may not differ in same-sex or heterosexual IPV interventions.

Finally, Brown and Groscup (2009) surveyed staff members (N = 120) at a crisis center providing services to help victims of IPV. Participants were presented with scenarios that were

based on the ones created for the Seelau, et al (2003) study. Respondents perceived the male against female violence to be the most serious and that the violence between the same-sex couples to be less serious, less likely to reoccur and less likely to get worse over time as compared to heterosexual dyads. These results suggest that in the context of the bystander model (Latané & Darley's, 1970) same-sex violence may not be easily as noticed (i.e., step one) or seen as a situation that is in need of intervention (i.e., step two), if the violence is not perceived as serious or not likely to reoccur or get worse.

Overall, the studies reported above have found several consistent results (Brown & Groscup, 2009; Seelau & Seelau, 2005; Seelau, et al, 2003). The sex of the victim, not sexual orientation, seems to be the most important predictor of the perceived seriousness of the IPV scenario. More specifically, scenarios with female victims were perceived as the most serious. In addition, in two of the studies (Brown & Groscup, 2009; Seelau & Seelau, 2005), the male against female violence was viewed as the most serious. It should also be noted that in all three studies all the scenarios were considered by respondents to be IPV (i.e., regardless of victim or perpetrator sex). More specifically, the crisis center participants (Brown & Groscup, 2009) indicated that counseling would be helpful to couples in all dyads. In other words, same-sex IPV was still viewed as a concern that was in need of intervention. Furthermore, across the studies female respondents as compared to male respondents were more likely to favor systemic interventions (e.g., call police) and male respondents were more likely to say they would get involved in the IPV situation.

The research just reviewed is important because it indicates that people perceive same-sex relational conflicts as IPV, but stereotypical male against female violence was seen as the most serious form of IPV. Furthermore, most respondents in these studies indicated that they

would respond in some way (Seelau & Seelau, 2005; Seelau, et al, 2003) if they witnessed the IPV situation. Nevertheless, beyond the respondent and victim's sex, this research provides little insight into why participants indicated they would intervene. Some of the authors hypothesized (Seelau & Seelau, 2005; Seelau, et al, 2003), however, that gender-role attitudes and heterosexual attitudes may play a role in how people decide to respond to same-sex IPV, but none of the studies measured attitudes in any formal way. Finally, it is curious that although a majority of the participants indicated the best response would be to leave the couple alone, when personally asked what they would do the majority indicated they would try and talk to the couple. This finding presents the possibility that feeling personal responsibility may play a role in how someone decides to respond as proposed in the bystander model (Latané & Darley, 1970). Yet, feelings of responsibility were not explicitly measured in these studies, creating a need for future research in this area.

Current Bystander Intervention Programs

One practical implication of the bystander model research and more specifically research focused on bystander intervention in IPV situations has been its application to the development of bystander intervention programs. These programs draw from the social psychology literature on pro-social behavior, and more specifically, bystander behavior (Banyard, 2008). Banyard and colleagues have been instrumental in the program evaluation of these bystander programs and have developed their pre and post measures by drawing heavily on research surrounding Latané and Darley's (1970) bystander model and Prochaska and Diclemente's (1984) stages of change model. The stages of change outline the process individuals go through when they take in new information and decide whether to change their behavior.

Banyard (2014) focused on the first four stages of change when developing her Readiness to Help Scale. The first stage, Pre-contemplation, represents ignorance or denial of a subject, such as believing same-sex IPV is not a problem on college campuses (Prochaska & DiClemente's, 1984). Next, in the Contemplation stage, individuals begin to consider change, but still show ambivalence about taking action. For example, an individual in contemplation may say, "I don't have time to participate in a bystander program now, but maybe I will check it out next semester." In the Preparation stage, individuals begin testing out change, but have not fully committed to a plan of action. Finally, in the Action stage, individuals begin practicing the new behavior.

Using the bystander model and stages of change as foundational theory, the bystander programs usually employ pre and post measures that ask participants questions regarding how far along they are in the decision-making process to become a bystander. These scales include measures of awareness of IPV, attitudes toward IPV, feelings of responsibility to end IPV, involvement in IPV prevention efforts (e.g., Banyard et al., 2007), and bystander efficacy. In addition, program researchers are often also interested in having participants weigh the benefits and costs of intervening in IPV, their intentions to intervene, and their actual bystander behaviors. Actual behaviors (e.g., "Have you walked a friend home from a party who has had too much to drink?"; Banyard et al., 2007) are usually assessed only after the program has started and are sometimes assessed repeatedly not only at post-test, but also at different follow-ups (e.g., 2-month, 4-month, etc).

There are several bystander intervention programs on college campuses that focus on teaching potential bystanders helpful behaviors they can use to safely intervene to prevent sexual assault and IPV (Banyard, et al, 2007). Evaluation of these programs has shown effectiveness in

improving attitudes, knowledge, efficacy, intentions to help, and actual behaviors related to bystander intervention in both a general undergraduate population (Banyard, et al, 2007) and with groups of undergraduate athletes (Moynihan et al., 2010) and student leaders (Banyard, Moynihan, & Crossman, 2009). One study even showed that most of these improvements persisted up to 12 months after the intervention (Banyard, et al, 2007). Thus, bystander programs are one viable way to intervene in and prevent IPV on college campuses.

Potter and colleagues (2012) reviewed five of these programs and one social-media marketing campaign in regards to how well they address sexual assault and IPV in the LGBT community. While 3 of the 5 programs recognized the occurrence of LGBT IPV in general, none of the programs provided specific information about how to intervene in these situations or what unique factors may have a role in relational violence among LGBT individuals. Thus, the current study may provide useful information on what factors are important to address when educating people on ways they can intervene in same-sex IPV situations and what factors may influence individuals' intentions to intervene.

Conclusion

Based on the literature reviewed it can be recommended that future research examine the application of the bystander model (Latané & Darley, 1970) to same-sex IPV. Furthermore, it appears that research focused on informal social support members would be fruitful, as these people will be the first support and defense for same-sex IPV victims. Finally, although same-sex IPV has been shown to be perceived as IPV by participants presented with IPV vignettes (Seelau & Seelau, 2005; Seelau, et al, 2003), it is unclear what influences participants to actually intervene in same-sex IPV. Thus, the current research study focused on examining predictors of intentions to help in same-sex IPV situations.

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Appendix C – Demographic Questionnaire

Demographics

1. What gender do you identify as?
 - A. Male
 - B. Female
 - C. Transgender
 - D. Gender Queer
 - E. Other: _____
2. How old are you? _____
3. What is your year in college?
 - A. Freshmen
 - B. Sophomore
 - C. Junior
 - D. Senior
 - E. Other _____
4. Which ethnicity do you identify as?
 - a. African American
 - b. Black
 - c. Alaskan Native or Native American
 - d. Asian American
 - e. Asian
 - f. Caucasian American
 - g. White (non-American)
 - h. Hispanic/Latino/a American
 - i. Hispanic/Latino/a
 - j. Native Hawaiian or Pacific Islander
 - k. Biracial
 - l. Multiracial
 - m. Other (please specify): _____
5. What is your religion?
 - a. Buddhist
 - b. Hindu
 - c. Christian- Protestant
 - d. Christian- Non-denominational
 - e. Christian- Roman Catholic
 - f. Christian- Orthodox
 - g. Jewish

- h. Spiritual but not religious
- i. Atheist
- j. Agnostic

6. Were you born in the United States? Y/N

7. If you were not born in the United States, where were you born?

8. How long have you lived in the United States?

9. Is English your first language? Y/N

10. If English is not your first language, how many years have you been fluent in English?

11. What is your major? _____

12. What is your mother's level of education?

- a. Some high school education
- b. High school graduate
- c. Some college education
- d. College graduate
- e. Earned a graduate degree
- f. Other _____

13. What is your father's level of education?

- a. Some high school education
- b. High school graduate
- c. Some college education
- d. College graduate
- e. Earned a graduate degree
- f. Other _____

14. How many siblings do you have? _____

15. What position are you in the sibling order?

- a. Only child
- b. First born
- c. Middle child
- d. Youngest
- e. Other: _____

16. Please indicate the category that best describes your household income status of your family when you were growing up:

- a. Upper class
- b. Upper middle class
- c. Middle class
- d. Lower middle class
- e. Lower class

17. How big was the city (town) where you grew up?

- a. 1 to 10,000 people
- b. 10,001 to 50,000 people
- c. 50,001 to 100,000 people
- d. 100,001 to 500,000 people
- e. 500,001 to 1 million people
- f. 1,000,001 to 10 million people
- g. more than 10 million people
- h. other _____

18. Which of the following best describes how you identify your sexual orientation?

- a. Heterosexual
- b. Gay
- c. Lesbian
- d. Bisexual
- e. Pansexual
- f. Asexual
- g. Questioning
- h. Other: _____

19. Which of the following best describes your sexual attraction?

- a. Exclusively attracted to people of the opposite sex
- b. Predominantly attracted to people of the opposite sex, only incidentally attracted to people of the same sex.
- c. Predominantly attracted to people of the opposite sex, but more than incidentally attracted to people of the same sex.
- d. Equally attracted to people of the opposite sex and same sex.
- e. Predominantly attracted to people of the same sex, but more than incidentally attracted to people of the opposite sex.
- f. Predominantly attracted to people of the same sex, only incidentally attracted to people of the opposite sex.
- g. Exclusively attracted to people of the same sex.
- h. Asexual/Non-sexual
- i. Pansexual
- j. Prefer not to answer
- k. Other (Please specify) _____

20. What is your relationship status?

- a. Dating
- b. Single

- c. Married
- d. Divorce
- e. Separated
- f. In an open relationship

Appendix D – Readiness to Help Scale (Gay)

For the next set of questions, please keep in mind the following definitions:

Sexual abuse refers to a range of behaviors that are unwanted by the recipient and include remarks about physical appearance, persistent sexual advances that are undesired by the recipient, as well as unwanted touching and unwanted oral or anal penetration. Sexual abuse also includes sexual behaviors done with a person who is intoxicated and/or has not given verbal consent. These behaviors could be initiated by someone known or unknown to the recipient, including someone they are in a relationship with.

Intimate partner abuse refers to a range of behaviors experienced in the context of any type of intimate relationship or friendship. These behaviors include use of physical force or threats of force against a partner including slapping, punching, throwing objects, threatening with weapons or threatening any kind of physical harm. It also can include extreme emotional abuse such as intimidation, blaming, putting down, making fun of, and name calling.

Stalking refers to a range of behaviors that are unwanted by the recipient and that cause fear including repeatedly (two or more times) maintaining unwanted visual or physical proximity to a person, repeatedly conveying oral or written threats, or other activities that are intended to make someone afraid. Examples of the stalking include unwelcome communication, including face-to-face, telephone, voice message, electronic mail, written letter, and/or contact; unwelcome gifts or flowers, etc.; threatening or obscene gestures and/or pursuing or following; surveillance; trespassing; or vandalism.

Please read each of the following statements and indicate the degree to which you agree with each statement using the following scale.

1	2	3	4	5
Strongly disagree				Strongly agree

1. I don't think that gay men **sexually abusing** other gay men is a problem on this campus.
2. I don't think **intimate partner abuse** in relationships between gay men is a problem on this campus.
3. I don't think that gay men **stalking** other gay men is a problem on this campus.
4. I don't think there is much I can do about gay men **sexually abusing** other gay men on this campus.
5. I don't think there is much I can do about **intimate partner abuse** in relationships between gay men on this campus.

6. I don't think there is much I can do about gay men **stalking** other gay men on this campus.
7. There isn't much need for me to think about gay men **sexual abusing** other gay men on this campus.
8. There isn't much need for me to think about **intimate partner abuse** in relationships between gay men on this campus.
9. There isn't much need for me to think about gay men **stalking** other gay men on this campus.
10. Doing something about gay men **sexually abusing** other gay men is solely the job of the BSU Office of Victim Services.
11. Doing something about **intimate partner abuse** in relationships between gay men is solely the job of the BSU Office of Victim Services.
12. Doing something about gay men **stalking** other gay men is solely the job of the BSU Office of Victim Services.
13. Sometimes I think I should learn more about gay men **sexually abusing** other gay men.
14. Sometimes I think I should learn more about **intimate partner abuse** in relationships between gay men.
15. Sometimes I think I should learn more about gay men **stalking** other gay men.
16. I have not yet done anything to learn more about **intimate partner abuse** in relationships between gay men.
17. I have not yet done anything to learn more about gay men **sexually abusing** other gay men.
18. I have not yet done anything to learn more about gay men **stalking** other gay men.
19. I think I can do something about gay men **sexually abusing** other gay men.
20. I think I can do something about **intimate partner abuse** in relationships between gay men.
21. I think I can do something about gay men **stalking** other gay men.
22. I am planning to learn more about the problem of gay men **sexually abusing** other gay men on this campus.
23. I am planning to learn more about the problem of **intimate partner abuse** in relationships between gay men on this campus.

24. I am planning to learn more about the problem of gay men **stalking** other gay men on this campus.
25. I have recently attended a program about gay men **sexually abusing** other gay men.
26. I have recently attended a program about **intimate partner abuse** in relationships between gay men.
27. I have recently attended a program about gay men **stalking** other gay men.
28. I am actively involved in projects to deal with gay men **sexually abusing** other gay men on this campus.
29. I am actively involved in projects to deal with **intimate partner abuse** in relationships between gay men on this campus.
30. I am actively involved in projects to deal with gay men **stalking** other gay men on this campus.
31. I have recently taken part in activities or volunteered my time on projects focused on stopping gay men from **sexually abusing** other gay men on this campus.
32. I have recently taken part in activities or volunteered my time on projects focused on ending **intimate partner abuse** in relationships between gay men on this campus.
33. I have recently taken part in activities or volunteered my time on projects focused on stopping gay men from **stalking** other gay men on this campus.
34. I have been or am currently involved in ongoing efforts to stop gay men who **sexually abuse** other gay men on this campus.
35. I have been or am currently involved in ongoing efforts to end **intimate partner abuse** in relationships between gay men on this campus.
36. I have been or am currently involved in ongoing efforts to stop gay men from **stalking** other gay men on this campus.

Appendix E – Readiness to Help Scale (Lesbian)

For the next set of questions, please keep in mind the following definitions:

Sexual abuse refers to a range of behaviors that are unwanted by the recipient and include remarks about physical appearance, persistent sexual advances that are undesired by the recipient, as well as unwanted touching and unwanted vaginal, oral or anal penetration. Sexual abuse also includes sexual behaviors done with a person who is intoxicated and/or has not given verbal consent. These behaviors could be initiated by someone known or unknown to the recipient, including someone they are in a relationship with.

Intimate partner abuse refers to a range of behaviors experienced in the context of any type of intimate relationship or friendship. These behaviors include use of physical force or threats of force against a partner including slapping, punching, throwing objects, threatening with weapons or threatening any kind of physical harm. It also can include extreme emotional abuse such as intimidation, blaming, putting down, making fun of, and name calling.

Stalking refers to a range of behaviors that are unwanted by the recipient and that cause fear including repeatedly (two or more times) maintaining unwanted visual or physical proximity to a person, repeatedly conveying oral or written threats, or other activities that are intended to make someone afraid. Examples of the stalking include unwelcome communication, including face-to-face, telephone, voice message, electronic mail, written letter, and/or contact; unwelcome gifts or flowers, etc.; threatening or obscene gestures and/or pursuing or following; surveillance; trespassing; or vandalism.

Please read each of the following statements and indicate the degree to which you agree with each statement using the following scale.

1	2	3	4	5
Strongly disagree				Strongly agree

1. I don't think that lesbians **sexually abusing** other lesbians is a problem on this campus.
2. I don't think **intimate partner abuse** in relationships between lesbians is a problem on this campus.
3. I don't think that lesbians **stalking** other lesbians is a problem on this campus.
4. I don't think there is much I can do about lesbians **sexually abusing** other lesbians on this campus.
5. I don't think there is much I can do about **intimate partner abuse** in relationships between lesbians on this campus.

6. I don't think there is much I can do about lesbians **stalking** other lesbians on this campus.
7. There isn't much need for me to think about lesbians **sexual abusing** other lesbians men on this campus.
8. There isn't much need for me to think about **intimate partner abuse** in relationships between lesbians on this campus.
9. There isn't much need for me to think about lesbians **stalking** other lesbians on this campus.
10. Doing something about lesbians **sexually abusing** other lesbians is solely the job of the BSU Office of Victim Services.
11. Doing something about **intimate partner abuse** in relationships between lesbians is solely the job of the BSU Office of Victim Services.
12. Doing something about lesbians **stalking** other lesbians is solely the job of the BSU Office of Victim Services.
13. Sometimes I think I should learn more about lesbians **sexually abusing** other lesbians.
14. Sometimes I think I should learn more about **intimate partner abuse** in relationships between lesbians.
15. Sometimes I think I should learn more about lesbians **stalking** other lesbians.
16. I have not yet done anything to learn more about **intimate partner abuse** in relationships between lesbians.
17. I have not yet done anything to learn more about lesbians **sexually abusing** other lesbians.
18. I have not yet done anything to learn more about lesbians **stalking** other lesbians.
19. I think I can do something about lesbians **sexually abusing** other lesbians.
20. I think I can do something about **intimate partner abuse** in relationships between lesbians.
21. I think I can do something about lesbians **stalking** other lesbians.
22. I am planning to learn more about the problem of lesbians **sexually abusing** other lesbians on this campus.
23. I am planning to learn more about the problem of **intimate partner abuse** in relationships between lesbians on this campus.

24. I am planning to learn more about the problem of lesbians **stalking** other lesbians on this campus.
25. I have recently attended a program about lesbians **sexually abusing** other lesbians.
26. I have recently attended a program about **intimate partner abuse** in relationships between lesbians.
27. I have recently attended a program about lesbians **stalking** other lesbians.
28. I am actively involved in projects to deal with lesbians **sexually abusing** other lesbians on this campus.
29. I am actively involved in projects to deal with **intimate partner abuse** in relationships between lesbians on this campus.
30. I am actively involved in projects to deal with lesbians **stalking** other lesbians on this campus.
31. I have recently taken part in activities or volunteered my time on projects focused on stopping lesbians from **sexually abusing** other lesbians on this campus.
32. I have recently taken part in activities or volunteered my time on projects focused on ending **intimate partner abuse** in relationships between lesbians on this campus.
33. I have recently taken part in activities or volunteered my time on projects focused on stopping lesbians from **stalking** other lesbians on this campus.
34. I have been or am currently involved in ongoing efforts to stop lesbians who **sexually abuse** other lesbians on this campus.
35. I have been or am currently involved in ongoing efforts to end **intimate partner abuse** in relationships between lesbians on this campus.
36. I have been or am currently involved in ongoing efforts to stop lesbians from **stalking** other lesbians on this campus.

Appendix F – Bystander Efficacy Scale (Gay)

Please read each of the following behaviors. Indicate in the column labeled *Confidence* how confident you are that you could do them. Rate your degree of confidence by recording a whole number from 0 to 100 using the scale given below:

0	10	20	30	40	50	60	70	80	90	100
can't do	quite uncertain					moderately certain				very certain

Confidence

1.	Express discomfort/concern if someone makes a joke about a gay man's body.	%
2.	Express my discomfort if someone says that rape victims who are gay men are to blame for being raped by other gay men.	%
3.	Call for help (i.e. call 911) if I hear someone in my dorm or apartment yelling "help."	%
4.	Talk to a friend who is a gay man and I suspect is in an abusive relationship with a gay man.	%
5.	Get help and resources for a friend who is a gay man and tells me he has been raped by a gay man.	%
6.	Able to ask a stranger who looks very upset at a party if he is ok or needs help.	%
7.	Ask a friend who is a gay man if he needs to be walked home from a party.	%
8.	Ask a stranger if he needs to be walked home from a party.	%
9.	Speak up in class if a professor is providing misinformation about gay men sexually assaulting other gay men.	%
10	Criticize a friend who is a gay man and tells me that he had sex with a gay man who was passed out or didn't give consent	%
11	Do something to help a very drunk gay man when he is being brought upstairs to a bedroom by a group of men at a party.	%
12	Do something if I see a gay man surrounded by a group of men at a party and he looks very uncomfortable.	%

13	Get help if I hear of an abusive relationship between gay men in my dorm or apartment.	%
14	Tell an RA or other campus/community authority about information I have that might help in a case of a gay man sexually assaulting another gay man even if pressured by my peers to stay silent.	%
15	Speak up to a gay man who is making excuses for forcing a gay man to have sex with him	%
16	Speak up to a gay man who is making excuses for having sex with a gay man who is unable to give full consent.	%
17	Speak up to a gay man who is making excuses for using physical force in a relationship with a gay male partner.	%
18	Speak up to a gay man who is calling his gay male partner names or swearing at him.	%

13.	Get help if I hear of an abusive relationship between lesbians in my dorm or apartment.	%
14.	Tell an RA or other campus/community authority about information I have that might help in a case of a lesbian sexually assaulting another lesbian even if pressured by my peers to stay silent.	%
15.	Speak up to a lesbian who is making excuses for forcing a lesbian to have sex with her.	%
16.	Speak up to a lesbian who is making excuses for having sex with a lesbian who is unable to give full consent.	%
17.	Speak up to a lesbian who is making excuses for using physical force in a relationship with a lesbian partner.	%
18.	Speak up to a lesbian who is calling her lesbian partner names or swearing at her.	%

Appendix H – Intentions to Help (Gay)

Strangers are people you may even recognize by sight but have not met before and are people you have not really ever had any formal contact with before.

Sexual abuse refers to a range of behaviors that are unwanted by the recipient and include remarks about physical appearance, persistent sexual advances that are undesired by the recipient, as well as unwanted touching and unwanted oral or anal penetration. Sexual abuse also includes sexual behaviors done with a person who is intoxicated and/or has not given verbal consent. These behaviors could be initiated by someone known or unknown to the recipient, including someone they are in a relationship with.

Intimate partner abuse refers to a range of behaviors experienced in the context of any type of intimate relationship or friendship. These behaviors include use of physical force or threats of force against a partner including slapping, punching, throwing objects, threatening with weapons or threatening any kind of physical harm. It can also include extreme emotional abuse such as intimidation, blaming, putting down, making fun of, and name calling.

Please read the following list of behaviors and check how likely YOU ARE to engage in these behaviors using the following scale:

1	2	3	4	5
not at all likely				extremely likely

1. I approach a gay man I know if I thought he was in an abusive relationship with a male partner and I would let him know I'm here to help.
2. I approach a gay man I know and tell him I'm available for help and support if I suspect he has been sexually assaulted by a gay man.
3. I ask a gay man who seems upset if he is okay or needs help.
4. I express concern or offer to help if a gay man said he had an unwanted sexual experience with another gay man but doesn't call it "rape."
5. I express concern to a gay man who has unexplained bruises that may be signs of abuse in his relationship with another gay man.
6. I stop and check in on a gay man who looks very intoxicated when he is being taken upstairs at a party by another gay man.
7. I see a gay man I know who looks uncomfortable talking with another gay man who is sitting close to him. I then ask him if he is okay or try to start a conversation with him.
8. I see a gay man I know and his male partner. They are in a heated argument. The partner has his fist clenched around the arm of the person I know and he looks upset. I ask if everything is okay.

9. If the male partner of a gay man I know is shoving or yelling at him, I ask the person being shoved or yelled at if he needs help.

10. I tell a gay man I know if I think his drink may have been spiked by another gay man.

THE FOLLOWING QUESTIONS PERTAIN TO PEOPLE YOU DON'T KNOW

1. I talk with people I don't know about sexual abuse and intimate partner abuse in relationships between gay men as issues for our community.

2. I talk with people I don't know about going to parties together, staying together, and leaving together.

3. I talk with people I don't know about watching each other's drinks.

4. I talk with people I don't know about what makes a relationship abusive and what warning signs might be in a relationship between gay men.

5. I express concern to a gay man I don't know if I see his male partner exhibiting very jealous behavior and trying to control him.

6. I share information or resources about sexual assault and/or intimate partner abuse in relationships between gay men with someone I don't know.

7. I approach a man who I suspect is gay but don't know if I thought he was in an abusive relationship with another gay man and let him know that I'm here to help.

8. I tell a man who I suspect is gay but don't know I am here for help and support if I believe he has been sexually assaulted by another gay man.

Appendix I – Intentions to Help (Lesbian)

Strangers are people you may even recognize by sight but have not met before and are people you have not really ever had any formal contact with before.

Sexual abuse refers to a range of behaviors that are unwanted by the recipient and include remarks about physical appearance, persistent sexual advances that are undesired by the recipient, as well as unwanted touching and unwanted oral, vaginal or anal penetration. Sexual abuse also includes sexual behaviors done with a person who is intoxicated and/or has not given verbal consent. These behaviors could be initiated by someone known or unknown to the recipient, including someone they are in a relationship with.

Intimate partner abuse refers to a range of behaviors experienced in the context of any type of intimate relationship or friendship. These behaviors include use of physical force or threats of force against a partner including slapping, punching, throwing objects, threatening with weapons or threatening any kind of physical harm. It can also include extreme emotional abuse such as intimidation, blaming, putting down, making fun of, and name calling.

Please read the following list of behaviors and check how likely YOU ARE to engage in these behaviors using the following scale:

1	2	3	4	5
not at all likely				extremely likely

1. I approach a lesbian I know if I thought she was in an abusive relationship with a female partner and I would let her know I'm here to help.
2. I approach a lesbian I know and tell her I'm available for help and support if I suspect she has been sexually assaulted by a lesbian.
3. I ask a lesbian who seems upset if she is okay or needs help.
4. I express concern or offer to help if a lesbian said she had an unwanted sexual experience with another lesbian but doesn't call it "rape."
5. I express concern to a lesbian who has unexplained bruises that may be signs of abuse in her relationship with another lesbian.
6. I stop and check in on a lesbian who looks very intoxicated when she is being taken upstairs at a party by another lesbian.
7. I see a lesbian I know who looks uncomfortable talking with another lesbian who is sitting close to her. I then ask her if she is okay or try to start a conversation with her.
8. I see a lesbian I know and her female partner. They are in a heated argument. The partner has her fist clenched around the arm of the person I know and she looks upset. I ask if everything is okay.
9. If the female partner of a lesbian I know is shoving or yelling at her, I ask the person being shoved or yelled at if she needs help.

10. I tell a lesbian I know if I think her drink may have been spiked by another lesbian.

THE FOLLOWING QUESTIONS PERTAIN TO PEOPLE YOU DON'T KNOW

1. I talk with people I don't know about sexual abuse and intimate partner abuse in relationships between lesbians as issues for our community.
2. I talk with people I don't know about going to parties together, staying together, and leaving together.
3. I talk with people I don't know about watching each other's drinks.
4. I talk with people I don't know about what makes a relationship abusive and what warning signs might be in a relationship between lesbians.
5. I express concern to a lesbian I don't know if I see her female partner exhibiting very jealous behavior and trying to control her.
6. I share information or resources about sexual assault and/or intimate partner abuse in relationships between lesbians with someone I don't know.
7. I approach a woman who I suspect is a lesbian but don't know if I thought she was in an abusive relationship with another lesbian and let her know that I'm here to help.
8. I tell a woman who I suspect is a lesbian but don't know I am here for help and support if I believe she has been sexually assaulted by another lesbian.

Appendix J – Informed Consent

Dear Participant,

This study is titled *Relationship Behavior and Attitudes* and is an investigation regarding your opinions and views about relationships between friends and between strangers. **In order to participate you must be enrolled as an undergraduate college student and between the ages of 18 and 60.**

If you chose to participate you will be asked to answer a brief anonymous on-line survey honestly and completely. The questions asked will focus on relationships between friends, intimate partners, and strangers and includes references to relational violence and abuse. No identifying information will be attached to your answers. The survey should take between 15-30 minutes to complete.

Your participation in this study is completely voluntary and you are free to withdraw from the study at any time for any reason without penalty or prejudice from the investigator. Please feel free to contact the investigator with any questions you may have regarding this study.

If you are enrolled in a BSU CPSY course you may receive .5 hour credits for participation in this study. Upon completion of the survey you will be able to provide your name to the researcher via email in order to receive credit. Your name will not be connected to your survey answers.

If you chose not to receive CPSY credit, upon completion of the survey you can instead request to be entered into a drawing for one of five \$20 gift cards to Amazon. You will be entered into the drawing by emailing your name and email to the researcher. Your name will not be connected to your survey answers.

Survey answers will be stored in a password-protected file on the researcher's computer for 5 years and then be deleted.

There is a possibility that answering some of the questions on the survey may evoke some feelings of anxiety. Counseling services are available to you at no cost through the Counseling Center at Ball State University (765-285-1376), for Ball State students, if you develop uncomfortable feelings during your participation in this research project. If you are not a Ball State student please contact your university counseling center for services and in the case of a crisis you may call the National Suicide Hotline at 1-800-273-8255 (available 24/7). It is understood that in the unlikely event that counseling is necessary as a result of your participation in this research project that Ball State University, its agents and employees will assume whatever responsibility is required by law. For questions about your rights as a research participant, please contact the Director of the Office of Research Integrity, Ball State University, 765-285-5070, irb@bsu.edu.

To participate in the study, click “I agree” below. By clicking on “I agree,” you are agreeing to participate in this research study and agreeing that the study has been explained to you and your questions have been answered to your satisfaction. If you have any additional questions at any time before, during, or after the study you can contact the researcher or her faculty advisor by using the information provided below.

Thank you for your time and participation!

Emily Mastroianni, M.A.
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Ball State University
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Email: emmastroiann@bsu.edu

Faculty Supervisor:
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George & Frances Ball Distinguished Professor of Psychology
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Appendix K – Debriefing Statement

Thank you for your participation in this study!

You have just participated in research regarding bystander attitudes, efficacy, and intent to help in situations involving same-sex intimate partner violence (IPV). Data collected from this survey will help in developing measures to evaluate bystander intervention programs that address same-sex IPV.

If you would like to receive CPSY research credit please email your name and the name of your instructor to the primary researcher, Emily Mastroianni, at emmastroiann@bsu.edu.

If you chose not to receive CPSY research credit and instead would like to be entered into the drawing for one of five \$20 Amazon gift cards please email the primary researcher, Emily Mastroianni, at emmastroiann@bsu.edu.

If you have any questions regarding this research or want to know the results once this study has been completed, please contact:

Emily Mastroianni, M.A.

Doctoral Student

Department of Counseling Psychology and Guidance Services

Ball State University

Muncie, IN 47306

Phone: 419-681-0710

Email: emmastroiann@bsu.edu

Faculty Supervisor:

Lawrence Gerstein, Ph.D.

George & Frances Ball Distinguished Professor of Psychology

Department of Counseling Psychology and Guidance Services

Ball State University

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Appendix L– IRB Approval Letter

Office of Research Integrity
 Institutional Review Board (IRB)
 2000 University Avenue
 Muncie, IN 47306-0155
 Phone: 765-285-5070
 DATE: February 25, 2015
 TO: Emily Mastroianni, M.A.
 FROM: Ball State University IRB
 RE: IRB protocol # 690320-1
 TITLE: Relationship Behavior and Attitudes
 SUBMISSION TYPE: New Project
 ACTION: APPROVED
 DECISION DATE: February 25, 2015
 REVIEW TYPE: EXEMPT

The Institutional Review Board reviewed your protocol on February 25, 2015 and has determined the procedures you have proposed are appropriate for exemption under the federal regulations. As such, there will be no further review of your protocol, and you are cleared to proceed with the procedures outlined in your protocol. As an exempt study, there is no requirement for continuing review. Your protocol will remain on file with the IRB as a matter of record.

Exempt Categories:

Category 1: Research conducted in established or commonly accepted educational settings, involving normal educational practices, such as (i) research on regular and special education instructional strategies, or (ii) research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.

X Category 2: Research involving the use of educational test (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior

Category 3: Research involving the use of educational test (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior that is not exempt under category 2, if: (i) the human subjects are elected or appointed officials or candidates for public office; or (ii) Federal statute(s) require(s) without exception that the confidentiality of the personally identifiable information will be maintained throughout the research and thereafter.

Category 4: Research involving the collection of study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or

if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects.

Category 5: Research and demonstration projects which are conducted by or subject to the approval of Department or agency heads, and which are designed to study, evaluate or otherwise examine: (i) public benefit or service programs; (ii) procedures for obtaining benefits or services under those programs; (iii) possible changes in methods or levels of payment for benefits or services under these programs.

Category 6: Taste and food quality evaluation and consumer acceptance studies, (i) if wholesome foods without additives are consumed or (ii) if a food is consumed which contains a food ingredient at or below the level and for a use found to be safe, by the Food and Drug Administration or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture.

Editorial Notes:

1. Exempt

While your project does not require continuing review, it is the responsibility of the P.I. (and, if applicable, faculty supervisor) to inform the IRB if the procedures presented in this protocol are to be modified or if problems related to human research participants arise in connection with this project. Any procedural modifications must be evaluated by the IRB before being implemented, as some modifications may change the review status of this project. Please contact (ORI Staff) if you are unsure whether your proposed modification requires review or have any questions. Proposed modifications should be addressed in writing and submitted electronically to the IRB (<http://www.bsu.edu/irb>) for review. Please reference the above IRB protocol number in any communication to the IRB regarding this project.

Reminder: Even though your study is exempt from the relevant federal regulations of the Common Rule (45 CFR 46, subpart A), you and your research team are not exempt from ethical research practices and should therefore employ all protections for your participants and their data which are appropriate to your project.

Bryan Byers, PhD/Chair
Institutional Review Board

Christopher Mangelli, JD, MS, MEd, CIP/Director
Office of Research Integrity